

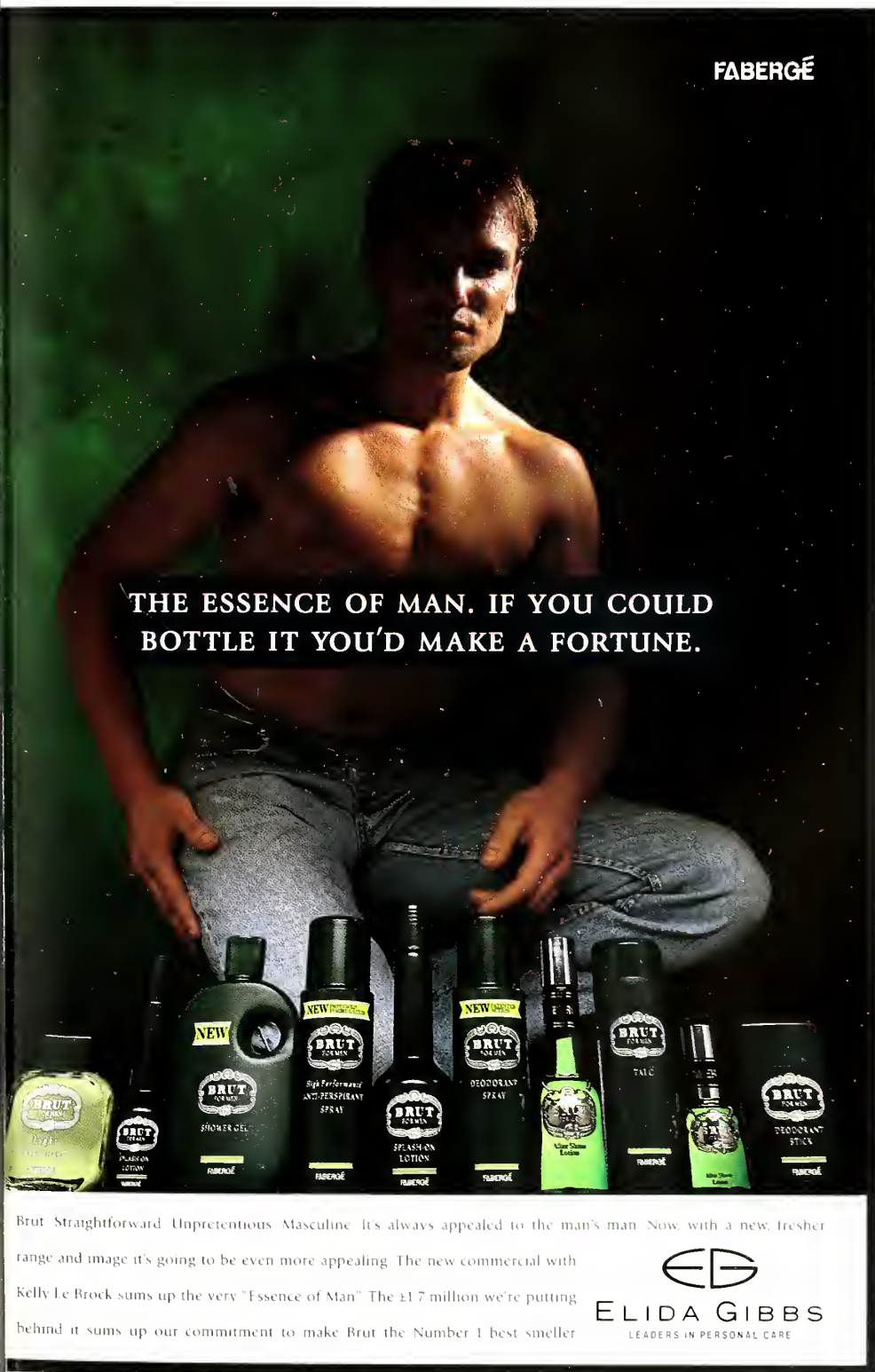
CHEMIST & DRUGGIST

The newsweekly for pharmacy

April 4, 1992

OVER THE
COUNTER INSIDE

FABERGÉ



THE ESSENCE OF MAN. IF YOU COULD BOTTLE IT YOU'D MAKE A FORTUNE.

Brut Straightforward Unpretentious Masculine. It's always appealed to the man's man. Now, with a new, fresher range and image it's going to be even more appealing. The new commercial with Kelly Le Brock sums up the very "Essence of Man". The £1.7 million we're putting behind it sums up our commitment to make Brut the Number 1 best smeller.

ELIDA GIBBS
LEADERS IN PERSONAL CARE

NPA urges Glaxo to end scheme

New Numark wholesaler sets up in Aberdeen

Tatfords log 50 years

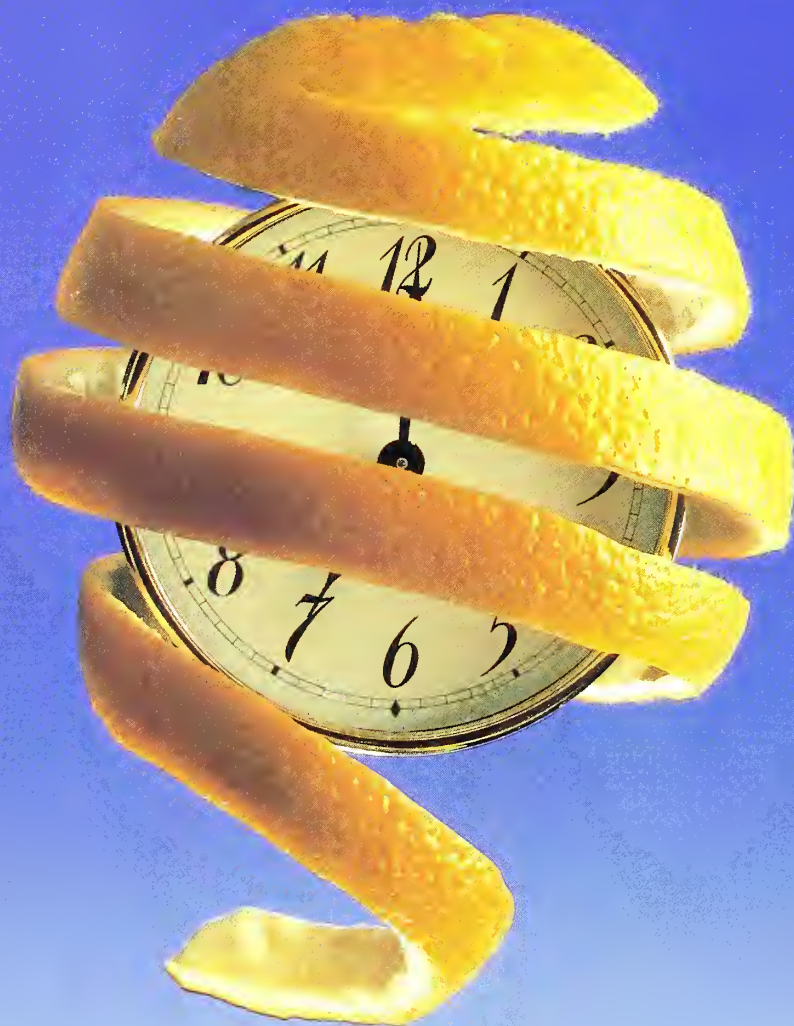
An update on the complaining ear

Glaxo pharmacy division launched



Black beauty shines out

NOW EVEN MORE ORANGEY



New Fybogel Orange now tastes even more orangey, making it even more attractive to your regular customers. And as ever, natural, pleasant-tasting Fybogel Orange gently relieves the discomfort of constipation, as it restores bowel regularity.¹

Ispaghula Husk BP

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RETAIL CHEMIST
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Editor: John Skelton, MRPharmS
Deputy Editor: Patrick Grice, MRPharmS
Contributing Editor: Adrienne de Mont, MRPharmS
Business Editor: Zachary Goldring, MSc
News Editor: Jane Feely, PhD, MRPharmS
Beauty Editor: Sarah Purcell, BA
Reporter: Jacqui Brommell, MRPharmS
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Advertisement Executives:
Julian de Bruxelles
Pauline Borda
Production: Shirley Wilson
Publisher: Ronald Salmon, FRPharmS
Director: Felim O'Brien

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Comment

Glaxo must be rueing the day they introduced their agency distribution scheme to establish, among other things, better links with community pharmacists. The fall-out has been considerable: many independent pharmacists say they are out of pocket; the Pharmaceutical Services Negotiating Committee has pointed variously to tens of millions of pounds "missing" in the system, while the National Pharmaceutical Association highlights a loss per pharmacy of around £600pa. To their credit Glaxo have undertaken to make good pharmacists' losses until the discount scales are renegotiated. To this end their reps have been scurrying around the country making *ad hoc* payments in kind of Glaxo stock — hardly a dignified process for the leading UK pharmaceutical company. However, they will be turning down this week's call from the NPA to withdraw the scheme (p496). Instead they say they will review the scheme to see if amendment is needed.

A company spokesman says the NPA's loss figure per pharmacy is down to the alteration in wholesaler thresholds following the inception of the agency scheme. Indeed, AAH's David Taylor says that "the blame for justifiable discount threshold movement" should not be laid at Glaxo's door. There was much criticism of the scheme by the British Association of Pharmaceutical Wholesalers members at their

dinner last month (C&D, March 21, p421) when they voiced their concern that other manufacturers might seek to follow Glaxo's example. Pharmacists will be hoping that no one else will want to reap the whirlwind of compliant meted out to Glaxo! In addition manufacturers might take note that a review of the Pharmaceutical Price Regulation Scheme might be in the offing (C&D March 21, p419).

Glaxo say they want to continue to work with the NPA, BAPW and PSNC to further develop the discount scheme and other aspects of their relationships with pharmacists. All well and good if they are prepared to listen. Importantly, this week Glaxo have announced the setting up of a pharmacy division to go on communicating product benefits, but also "to develop a better understanding of commercial transactions from a pharmacists's perspective" — surely a recognition of the fact that hurting pharmacists in the pocket is not smart.

Glaxo's managing director Sean Lance says he recognises the enhanced professional role for community pharmacy that should stem from the recent working party report and that he believes it is essential for his company to establish a closer and more direct working relationship with pharmacy. For the sake of both parties it is to be hoped that the setting up of this new division heralds a new dawn after a stormy interlude!

NPA condemns Glaxo distribution scheme

Few events have generated such a barrage of criticism from National Pharmaceutical Association members as the Glaxo distribution scheme, director Tim Astill has said in a letter to Glaxo managing director Sean Lance this week.

The NPA has sent a strongly-worded letter to the company condemning the scheme and urging its withdrawal.

"Straightforward arithmetic is sufficient to demonstrate that the average community pharmacist will lose between £45-50 per month in discounts solely because of the new scale. This takes no account of any changes or

withholdings by wholesalers," says Mr Astill.

At its March meeting, the NPA Board heard there had been a stream of complaints from members concerned that they were losing money, and looking to the NPA to take some action on their behalf. The Board was reminded that Glaxo had promised financial neutrality and had hoped their new scheme would improve links with pharmacists.

The "sweeteners" pharmacists were being offered as a goodwill gesture by Glaxo — with no apparent rational basis for the values of stock offered — were not

fully compensating pharmacists for the losses they were incurring, the Board was told.

And it was reminded that pharmacists had allies among the wholesalers. At the British Association of Pharmaceutical Wholesalers' dinner earlier this month there had been universal criticism of Glaxo and fears had been expressed about the possibility of other manufacturers seeking to follow Glaxo's example. "It seems clear that unless the scheme is drastically modified or withdrawn altogether ill feeling will only become more intense," Mr Astill's letter concludes.

Anything Boots can do...

The National Pharmaceutical Association has written to FHSA managers reminding them that many community pharmacists can and do provide the pharmaceutical services available from Boots.

The move follows a letter from Boots pharmacy superintendent Mr P.M.L. Davies sent to all FHSAs earlier this month. He asks FHSA managers to consider the contribution Boots can make to improve community pharmacy services. The company is shortly to have talks with the National Association of Health Authorities and Trusts to "facilitate national innovations in this area", he says.

The NPA Board, at its March meeting, took exception to the claim in the Boots circular that "our pharmacists are not always fully represented at local level". In the NPA circular, director Tim Astill points out that Boots have at least one pharmacist on all but four of the 98 local pharmaceutical committees in England and Wales.

The Board felt that it was unfortunate for Boots to be pursuing such divisive tactics, especially by "riding on the back of pharmaceutical service initiatives which had been taken by NPA members: smoking cessation clinics, baby milk distribution, domiciliary visits, diagnostic testing, and syringe and needle exchange (which Boots have hitherto declined to provide)".

Lens solution availability Contact lens solution manufacturers are to be asked whether a product suitable for all types of contact lenses is likely to be available for general sale in the UK in the foreseeable future.

Bausch & Lomb, who restrict sale of their contact lens solutions to opticians, have introduced such a product in the US. A universal lens solution should be available to pharmacists if the company were to launch its product, Renew, in the UK. The Board felt that any

approach to Bausch & Lomb to allow their products to be sold in pharmacies would prove fruitless. **Keep Sunday Special** The Board is to approach the KSS campaign organisers via the National Chamber of Trade, expressing concern over the need for pharmacies to register and pay fees for opening on Sundays as suggested recently in the Shops (Amendment) Bill. The NPA suggests that registration could be obviated by the pharmacy displaying a notice, analogous to the early-closing day notice, indicating the hours of opening (if any) on Sundays.

Carers' leaflet A few paragraphs explaining how pharmacists can help people caring for an ill or disabled friend or relative are to be sent to the publishers of a new leaflet. There was concern that the leaflet, "Caring for someone?", fails to mention community pharmacists as sources of help and advice. A recommendation that the text be included in the Social Security FB31 leaflet will be made to its

publishers, the Benefits Agency.

NPA to liaise with BAPW Following a meeting between NPA and the British Association of Pharmaceutical Wholesalers, a liaison group is to be set up to discuss topics of mutual interest such as the Glaxo distribution scheme, original pack dispensing, EPoS systems and parallel imports. **Community Health Councils** The NPA is to send observers to the Association of Community Health Councils' annual meeting and conference in July. The NPA will be represented by the chairman Jeremy Clitherow and the director Tim Astill.

NPA card charge rates The negotiated increase in credit card duality rates for members operating within the NPA's Midland Bank scheme from June 1 was 0.1 per cent — considerably less than the general rate of increase. The Bank would, however, be introducing a minimum charge of £15 per month. This would mean that members with a credit card/debit card turnover of less than £460 would be penalised.

Self-treatment for tension

Fewer tension headache sufferers go to their doctors today, with most preferring OTC products, according to the findings of the 1992 Syndol Survey of Tension Headaches.

Comparing results with those of the 1977 Syndol Survey, headache sufferers have to feel that they are enduring "severe", "persistent" or "increasingly frequent" headaches before they will attend surgery.

Although the frequency of headaches has decreased slightly since 1977, the duration has increased lasting on average hours rather than minutes. A significant number of sufferers also reported tension headaches lasting a day or even several days.

Problems identified as most likely to start a headache include bringing up children, work and a hectic and busy lifestyle, with nerves and nervous tension, stresses and strain and general hassles and pressures featuring much more than in 1977.

On the whole, the usual method of treatment was a remedy available at home or when one was not available to buy one OTC, with most considering these solutions to be satisfactory.

PPA reminders

April 1 may be April Fool's Day, but pharmacists need to be aware of a number of changes taking place to the Drug Tariff and prescription charges, says the Prescription Pricing Authority in a new occasional newsletter called "PPA Matters".

From April 1 clause 11c of Part II of the Tariff is deleted. This allows for broken bulk claims to be made for drugs in calendar packs (except those listed in Part VIII cat A) where the pharmacist cannot readily dispose of the remainder.



BPSA votes against Society's proposed registration exam charge

"Excessive and unfair" was the unanimous verdict of delegates at the 50th British Pharmaceutical Student Conference on a motion complaining about the burden of the Society's proposed charge for the registration examination.

Proposing the motion Christopher Poole (Aston) pointed out that the fee was too high for students immediately after spending three or four years at college. He said the fee of £100 was clearly unacceptable when financial support for students was so low and many left university with large debts.

President Nicola Gray explained that although there was a similar fee in other professions, they represented better value for money because the examinations were more substantial.

Martin King (ex-Aston) supported the implementation of the examination which would lead eventually to better preregistration training — £100 was a small sum when set against a job for life.

Another former Aston student, Maxwell Kirby, said a lot of ex-students in the audience had forgotten just how much £100 represented to a student. Joel Hirst, a former Sunderland student, said

the Society's proposition angered him: £100 was one third of a prereg student's monthly wage. It was another example of lack of communication within the Society.

Criofan Shannon (Bradford) said that the Society maintained that the fee was designed to cover

the costs of exam development. Students should not have to bear these costs which should be carried by the membership.

The anniversary conference is being held at York University and will conclude with a debate and ball on April 4.

High costs of depression

Depression costs the NHS £333 million a year, according to a new report published by the Office of Health Economics. This figure includes £250m for hospitalisation, £55m for medicines and £28m for GP consultations.

Depression can be treated successfully in the vast majority of cases even if more than one medication is required before the patient responds, the report says. Because depression still has a

certain stigma, many sufferers will not go to their GPs and even those who do may not be diagnosed, particularly if symptoms are masked by other physical problems such as vague aches and pains.

Drugs combined with psychotherapy seems to be the most effective method of treatment. The presence of a confidant also seems to be of vital importance, says the author Richard West, an OHE research associate.

Surgichem to deliver

Surgichem have launched a new company to provide community pharmacists with a delivery service to patients.

Surgichem-Care intend to provide a seven days a week delivery service, collecting from pharmacies twice daily. The scheme is being co-ordinated by the Cleveland Ambulance Trust and is said to be available to all pharmacies in Britain.

The scheme is expected to benefit the less mobile members of the community, such as the elderly, disabled, care home residents and those living in sheltered housing.

The ambulance staff making the deliveries wear a uniform, carry an identity badge and a card indicating the pharmacy they are from. This is intended to reassure elderly and other vulnerable patients. The service includes oxygen, medicines and other pharmacy products and costs around £1.50 per delivery. Tel: 061-476 1651.

NHS in safe hands if future role report put into action

Eighty or so generic preparations are added to Part VIII of the Tariff, meaning there is no need to endorse scripts with brand or source of supply.

Under the NHS (General Medical Services) Regulations 1992 and the NHS (Pharmaceutical Services) Regulations 1992 the endorsement made by doctors when prescribing drugs from Part XVIII B is changed from "S3B" to "SLS".

- Prescription charges have gone up to £3.75 per item. Items dispensed prior to April 1 but not collected until this month should be counted and recorded separately on form FP34 and submitted separately at the end of the month.

- There are still 4,400 scripts a month dispensed for items on the Limited List.

The future of the NHS will be in safe hands if the recommendations of the Joint Working Party on the Future Role of Community Pharmaceutical Services are put into action, says David Allen, vice-president of the Royal Pharmaceutical Society of Great Britain.

The RPSGB welcomes the "innovative and challenging future" that lies ahead, he said at the annual dinner of the Pharmaceutical Society of Northern Ireland last week.

The recommendation that the dispensing of repeat prescriptions be handled by the pharmacist is the most dramatic and innovative change to hit the profession since the birth of the NHS, he said. "It is now after many years being realised

that pharmacy can and does offer the NHS positive benefits for patients."

However, such changes will bring increased responsibility, said Mr Allen, and closer monitoring of compliance. This could well mean the employment of a second pharmacist full or part time.

"I am pleased that the minority of members of Council who fought for the retention of supervision and the pharmacist present in the pharmacy have now been vindicated," he said. "I believe we are looking at new models of delivering pharmaceutical services and possibly a new species of pharmacist — the consultant pharmacist. We will have to be quite radical in our thoughts for the delivery of the service and this is one

angle that must be explored further."

The supply of monitored dosage systems to residential homes, despite all the problems *en route*, has improved the care for patients. Pharmacists are likely to have a major role in the implementation of the NHS and Community Care Act which is being actively pursued by local authorities and FHSAs.

"The community pharmacist is now, I believe, a small step away from being able to give a full domiciliary service to the many patients who are unable to present at a pharmacy," said Mr Allen. But it will take a joint effort from both hospital and community pharmacists to make such a service work to its full potential, he stressed.

Script charges to go down under Labour

If a Labour Government is returned to office in next Thursday's General Election one of its first acts will be to reverse the increase in prescription charges which took effect on April 1.

Mr Robin Cook anticipated his appointment as Health Secretary by telling a Labour Party election Press conference: "Next week the Labour Government will cancel the rise in prescription charges."

Revised pay offer

The Pharmaceutical Services Negotiating Committee will meet on April 11 to consider a revised pay offer from 1992-93 from the Department of Health.

Financial executive Mike Brining told *Chemist & Druggist* that the offer was not expected to find favour with the Committee.

Mr Brining said that if the Committee turned down the Department's offer it had two alternatives. Firstly, it could seek a meeting with the incoming Health Secretary, or secondly it could refer the matter to the Review Panel.



President of the Pharmaceutical Society of Northern Ireland Mr Robin Holliday (left) with guests Mr Tim Lawlor, president of the Pharmaceutical Society of Ireland (centre), and Mr David Allen, vice-president of the Royal Pharmaceutical Society of Great Britain, at last Wednesday's PSNI annual dinner at the Culloden Hotel, Belfast

Southall man reprimanded for Mogodon mix up

A pharmacist gave Mogodon by mistake to a young married couple when they asked him for painkillers, the Royal Pharmaceutical Society's Statutory Committee was told recently.

After being given the hypnotic by Mr Asbin Shah instead of paracetamol, the couple went home and took tablets, after which "they became hot, felt giddy and started swaying, and eventually fell asleep," the Committee heard.

Jocelyn Hill, solicitor to the Society said the mistake was made by Mr Shah, of North Road, Southall, when Mr Stephen Doyle and his wife Tracey went to Mr Shah's Vantage Pharmacy in Haven Green, Ealing on February 4, 1991 and asked for painkillers. Back home he gave Tracey two tablets for a headache and took three for himself for a toothache.

Mr Hill told the Statutory Committee that both Mr Doyle and his wife had a severe reaction to the tablets. Mr Doyle took one of the tablets to another pharmacist who confirmed it was nitrazepam. Mr Shah was alleged to have claimed the two sets of tablets had been mixed up in a jar before he took over the pharmacy but later admitted that he had lied to inspectors in an attempt to cover up.

Mr Shah admitted giving the wrong tablets to the Doyles but did not admit misconduct. He told the Committee he sold the pharmacy last year following the incident. He remembered seeing Mrs Doyle who told his assistant she could not afford a pack of 100 paracetamol so he put 50 tablets into a bottle which he then sold to her for £0.69.

He thought the mistake occurred because the bottles containing the two sorts of tablets were near to each other and were similar in colour and size. He was "shaken and very alarmed" when Mrs Doyle came back later with her husband and complained he had given them the wrong tablets.

Chairman Gary Flather, QC announcing the decision to reprimand Mr Shah said the Committee accepted most of the Doyles' evidence, although it doubted whether Mr Doyle had in fact taken three tablets as he claimed. The Committee recognised that no professional person of any experience could say they have never made a mistake, but it took a very serious view of Mr Shah lying. If he had admitted the mistake immediately it was unlikely it would have been referred to the Committee.

Pharmacists must admit immediately any mistake so that remedial steps could be taken by all concerned. The safety of the patient was paramount, Mr Flather added.

"It is wholly wrong for a pharmacist to conceal what he has done, whatever the consequences. The Committee will always give credit to a pharmacist who admits a mistake so patients can be reassured."

The Committee decided Mr Shah was guilty of misconduct but having read references about him and other mitigation, did not consider striking his name off the Register appropriate.

Superintendent rapped

The director of a South London pharmacy told "a blatant lie" to a senior inspector when she asked him why there was not a qualified pharmacist working at his premises, the Statutory Committee has heard.

Mr Shalendra Patel told the inspector, who had made an unannounced visit to his pharmacy, that his locum was out to lunch. But when the inspector, Mrs Mary Brophy, returned three hours later to the pharmacy at 645 Fulham Road, Fulham, Mr Patel admitted he had been dispensing drugs himself and he did not have a pharmacist in the shop on that day, December 5, 1990.

As a result, Mr Patel appeared at West London Magistrates Court where he pleaded guilty to supplying five medicinal products not on the General Sale List to customers, for which he was fined a total of £500 with £75 costs.

At the Statutory Committee hearing Padcare Ltd of Fulham Road, of which Mr Patel is a non-pharmacist director, and his cousin, Mrs Padma Patel, then superintendent pharmacist, were accused of misconduct.

Mrs Brophy found 29 NHS prescriptions, including five for Controlled Drugs, which Mr Patel admitted he had dispensed. Mr Patel told the Committee he lived above the shop and normally had a locum pharmacist. On the day of the

offences he realised he should have closed the shop but claimed he did not want to let regular customers down and panicked when questioned by Mrs Brophy.

Mrs Padma Patel, of Stonely Road, Beckenham, Kent, said she had agreed to be superintendent pharmacist when her cousin bought the pharmacy in 1980. For the first five or six years she had appointed locum pharmacists herself but then Mr Patel started to do so. She continued as superintendent in name, although she did not visit the premises working instead full-time at her own pharmacy in Telemann Square, Kidbrook, South East London.

The Committee directed that Padcare should be disqualified and all premises controlled by it should be removed from the Register. Mrs Patel was given a reprimand.

Chairman Gary Flather, QC, announcing the decisions, said the Committee had been "appalled" at some of the facts revealed. Serious thought had been given to removing Mrs Patel's name from the Register. The position of superintendent pharmacist was not "a fantasy created by this Society and imposed on its membership," said Mr Flather. It was a creation of statute from Parliament. Her approach was one of the worst situations of neglect that can be envisaged, he added.

Special constable in the dock

A pharmacist who was also a special police constable sold excessive amounts of codeine linctus and Phensedyl to addicts over the counter of his pharmacy in a run-down area of South London, the Statutory Committee was told recently.

Inspectors who "raided" Dr Mahendra Patel's pharmacy discovered that he could not account for more than 200 litres of codeine linctus and almost 38 litres of Phensedyl over a period of about 10 months.

Mr Patel admitted that "he sold 15 to 20 bottles of codeine linctus a week over the counter, mostly to people attending methadone clinics," from his pharmacy in Franciscan Road, Tooting, in 1989, said Society inspector Mr Timothy Staton.

He claimed he was trying to reduce the addict's consumption but he had not contacted any of the doctors in charge of the clinics, said Mr Staton.

Mr Patel, and Armfields (Chemists) Ltd, of which he is a director, denied misconduct by failing to exercise effective control over the sale of medicinal products known to be subject to abuse or misuse.

He said he had signed a statement admitting the sales of the two preparations to inspectors "under the stress of being interviewed", although he accepted that, as a special constable for more than 15 years, he should have checked the statement carefully before signing it.

The hearing was adjourned until June.

Wife sacked after P sales

A London pharmacist sacked an assistant after who sold restricted medicines to a "customer" who turned out to be a Pharmaceutical Society inspector, the Statutory Committee heard recently. Virendra Patel told the hearing that it was the only thing he could do after the assistant betrayed his trust — even though she was his wife.

Mr Patel, of Brownhill Road, Catford, who faced misconduct charges involving his pharmacy in Bromley Road, Catford, told the Committee that he had given clear instructions to his assistants that they must not sell products which were not on the General Sale List.

He was "astonished" when he was told that on November 20, 1990 that his non-pharmacist wife had sold Nightnurse and Paracodol to the inspector, Mr Timothy Staton, who posed as a customer. Mr Staton told the Committee that when he asked Mrs Jashui Patel if she was the pharmacist on duty she pointed at her certificate on the wall.

The certificate in fact was of a pharmacist in charge of the pharmacy at the time, but who was away collecting her children from school, as she did on most days. Mr Patel told the Committee he was in charge of his other pharmacy in Ladywell Road, Lewisham, on the day of the incident.

The Committee found Mr Patel not guilty of misconduct involving his wife's untrue claim that she was a pharmacist. Chairman Gary Flather, QC said the Committee viewed as "acceptable" his leaving of the premises unattended and had decided that he could not be responsible for untruths told to the inspector by his wife.

The Committee further decided it had no jurisdiction to make a decision on two convictions by Greenwich Magistrates Court concerning Cristal Ltd of Mount Pleasant Road, Southwark, of which Mr Patel was a director, after hearing that it had been discovered that the company had been dissolved, unknown to Mr Patel, before the alleged offences.

Mr Patel had pleaded guilty and been fined £300 plus £250 costs on November 20, 1990 for selling or supplying Nightnurse and Paracodol to Mr Staton.

Mr Flather said that by his guilty plea there was no doubt in the Committee's mind that Mr Patel had not known that Cristal Ltd had been dissolved as long ago as November 1989. He had apparently pleaded guilty as director and superintendent of a company which did not exist. For this reason there was no relevant conviction under which the Committee could rule on misconduct, said Mr Flather.

He told Mr Patel, "Technical features prevent us from proceeding to a conclusion. The Committee is of that same mind and therefore there is no finding against you".

Statement on pharmacy waste disposal

Pharmacists are reminded that from April 1 they have to dispose of controlled waste in accordance with the Environmental Protection Act 1990. This applies to the disposal of unwanted medicines returned by patients to pharmacies, as well as all other waste medicines.

Schemes for the collection and destruction of such medicines must be approved by the local waste regulatory authority, many of whom may insist that a consignment note is completed in a specific manner and that they are notified prior to any removal of unwanted medicines from a pharmacy. The pharmacist must store such medicines in an approved container or clinical waste bag in the pharmacy and ensure that the carrier who removes such waste is authorised to dispose of it.

Pharmacies are not permitted to dispose of this waste themselves through the sewage system or among ordinary commercial or household waste.

A number of FHSA's in England and Wales are setting up schemes for the regular collection and disposal of unwanted medicines that have been returned to pharmacies. Other FHSA's are still seeking agreements with local waste regulatory authorities and waste companies for the removal and destruction of this waste. However, some have decided not to do so and, in these cases, approaches should be made by pharmacists, individually or collectively, to the FHSA's concerned. In Scotland these matters should be taken up with health boards, where necessary. In addition, some waste companies are prepared to remove this waste from a pharmacy but at a cost to the pharmacies concerned.

Pharmacists should not dispose of chemicals or mercury batteries through the sewage system or in the ordinary or household waste. Pharmacists should ask local district authorities (through environmental health departments) or waste companies for help in the removal of waste, but this too will probably be at a cost to the pharmacist concerned.

The RPSGB has been involved in discussions, which also included representatives of the Department of the Environment and the waste regulatory authorities, on the interpretation of the current regulations for the collection and disposal of unwanted medicines from pharmacies. As there are still some important matters to be resolved concerning the disposal of waste from pharmacies, the Society is seeking an urgent meeting with the Department of the Environment.

Too tasty a vehicle makes indigestion remedy unpalatable?

The profusion of confectionery-type indigestion remedies continues to increase, with the latest national introduction being Remegel from Warner Lambert Healthcare. Before Christmas I enthused over the palatability of Andrews Antacid, and it still sells well, but this latest offering really bears no resemblance whatsoever to a medicinal product.

Indigestion is a commonly suffered problem and in its simplest form is easily relieved by the use of alkali salts. However, older formulations have commonly been gritty and unpalatable. Increasing patient acceptability must improve compliance, and therefore market volume, but when that palatability improves to the point where the medicine is indistinguishable from its confectionery imitator, then excessive ingestion becomes a real possibility.

It is difficult, but not impossible, to overdose with calcium salts. Although the packet of Remegel does indicate that no more than 12 pieces should be consumed in 24 hours, the packaging is sufficiently attractive and Remegel so "acceptable", that the consumer could easily be convinced that the dangers of consumption are no more than from a similar sweet.

I have no wish to return to the days of chewing chalk, but in their rush to improve market share manufacturers may be losing sight of the fact that the products they

are producing are medicines. Their packaging should not compromise their medicinal pedigree, but allow their superior formulation and taste to compete fairly in a medicinal market without encouraging excessive consumption.

Script pre-payments: pharmacy route should be pursued

First Chester, then Sheffield and now Hereford Family Health Services Authorities have devised schemes for the sale of pre-payment certificates through community pharmacies. Steve Axon, secretary of the Pharmaceutical Services Negotiating Committee, has expressed his concern over the legality of these schemes and, more importantly, that once again they may allow services to be offered to patients by community pharmacists with no corresponding remuneration recognition from the Department of Health (C&D March 21, p420).

That having been said, the logical place for the sale of these certificates is the pharmacy. The present arrangement, whereby application has to be made to some distant office of the FHSA, is seen as another bureaucratic obstacle by the patient. When I receive scripts, either regularly from the same patient or a number of items at a single dispensing, I always explain the season ticket option. Many a patient has gratefully rushed round to the Post Office to send off their monies, before having the prescription dispensed. How much simpler if that procedure could take place at the point of dispensing, and if a system of payment could be devised whereby the administrative savings to the FHSA could be used as payment for the pharmacist's efforts — community pharmacies' co-operation would be guaranteed.

The Hereford scheme (C&D March 28, p454) has addressed this particular problem, and intends producing a workable system of remuneration for pharmacists. The enthusiastic

participation of community pharmacists is now not in doubt, and if Hereford can solve the remuneration problem, a uniform national scheme could be quickly introduced at no extra cost to the Treasury, other than the loss of excess prescription charges.

Now continuing education is co-ordinated

Continuing education at last is taking on a co-ordinated look with the recent launch by the National Centre for Pharmacy Postgraduate Education in Manchester of a series of workshops and distance learning packages aimed specifically at community pharmacists (last week, p476). In the past I have been guilty of not taking part in many of the regionally organised courses, mainly because the sacrifice of the time necessary to attend the study days was not reflected in the applicability of the course contents to community pharmacy practice.

This new initiative is aimed at tackling the problem. I have already applied for attendance on the course for "care of the elderly" and if, as Alison Blenkinsopp hopes, reasonable locum expenses can be negotiated by PSNC with the Government, community pharmacists should quickly demonstrate that they are interested in continuing education.

Freezer gripe

I have dutifully obeyed instructions from the Department of Health Medicines Control Agency, and frozen every bottle of Nurse Harvey's Gripe Water batch No. 2288. I have little room left in the freezer for the hamburgers, baby carrots and ice cream but, never mind, orders are orders, and in this state I am sure no microbe worth its salt can possibly escape.

I now await further instructions with interest and slight trepidation, since I am unsure of the effect on my customers of a bevy of beefy, mask and overall-clad, Ministry decontamination operatives rushing through the shop and out again, holding at arms length those suspect intruders in their icy prisons. The Department of Health must know why it is necessary to convert all that gripe water into microbial lollipops, but I'm blown if I do!



Topical REFLECTIONS

Counter points

Lyclear cream an answer to scabies

Lyclear dermal cream is Wellcome's answer to the scabies epidemic which they say is being experienced at the moment.

Patients are looking for a fast, effective product and will not put up with messy preparations such as benzyl benzoate lotion, the company suggests. Lyclear dermal cream has no smell, does not stain clothing and is in a vanishing base.

The product is presented in a 30g tube (£5.50 trade, rsp £9.59), each containing an information leaflet. A Pharmacy medicine, Lyclear dermal cream contains 5 per cent permethrin and is available on prescription.

Permethrin is an effective scabicide with cure rates of 91 per cent, say Wellcome, and kills both mites and eggs. It has low toxicity and can be used safely on the faces and heads of infants aged two months and over. **Wellcome Consumer Division. Tel: 0270 583151.**

April baby care discounts from Unichem

Unichem are promoting a range of branded baby care products during April.

Pharmacists purchasing ten or more cases of Pampers Phases (including one Newborn or Junior) will receive a free case of 400ml Infacare baby bath. A 25 per cent POR is offered on Baby Wet Ones and 22 per cent on Johnson & Johnson products.

A 40 per cent POR is offered on Kamillisan mother and baby range and an 18 per cent POR on Cow & Gate Olvant range. A 20 per cent discount off trade is offered on Baby Fresh. Milupa products offer a 19 per cent POR and Robinsons baby food 35 per cent. **Unichem. Tel: 081-391 2323.**



Oilatum Bath Therapy goes OTC

Steifel Laboratories' Oilatum Bath Therapy gets its OTC launch this month, marketed by Intercare Products.

Oilatum Bath Therapy (125ml £3.27) is aimed at the £30 million OTC dry skincare market. "We aim to increase the number of sufferers currently consulting their pharmacists from its base of 24 per cent," says marketing manager Andy Brough.

The launch will be supported by a £750,000

national television campaign, running from May until December, and a sampling programme. A 20ml trial size pack (50p) will be available at point-of-sale, offering consumers 50p back on purchase of the regular size bottle. The sample size will retail in a counter display unit holding four 125ml bottles and ten 20ml trial size bottles, together with consumer leaflets. **Intercare Products Ltd. Tel: 0734 790345.**



Free Aquafresh offer

Smithkline Beecham are running a special offer of Vosene shampoo, repeating the free Aquafresh promotion.

Both 150ml and 300ml sizes of Herbal and Original shampoo will come with a free 25ml tube of Aquafresh toothpaste. The promotion

runs from April through to early Summer.

In order to increase awareness of the Vosene Herbal variant the 150ml size will come with 30ml extra free product. **Smithkline Beecham Personal Care. Tel: 081-560 5151.**

Benylin non-drowsy for dry coughs

Warner Lambert have extended the Benylin non-drowsy range with a variant for dry coughs.

The non-drowsy segment now accounts for 40 per cent of the cough treatment market, says the company, and has grown by 13 per cent since 1989 to be worth £16 million.

Benylin non-drowsy dry is a Pharmacy medicine containing 7.5mg dextromethorphan hydrobromide per 5ml (125ml £2.45). The launch will be supported with television advertising in May, June and July.

Benylin non-drowsy for chesty coughs, launched last September, now has a 2.6 per cent market share, making it the fourth largest



branded cough treatment, claim **Warner Lambert Healthcare. Tel: 0495 762468.**

AAH extend Home Health range

AAH Pharmaceuticals are extending their Home Health product portfolio and re-packaging the goods.

The range, which is designed to make life easier for the elderly and infirm, now offers more than 400 products, including 14 wheelchairs complete with a foldaway model and accessories such as clothing and cushions.

New additions include kitchen equipment and bathroom products, including a powered bath seat, long-handled sponges and toilet seats and frames.

Small products will now be packed in poly bags with header cards while larger items will be put into sturdy cardboard boxes with an identification label. Items which are not packaged, such as walking sticks, will carry a Home Health swing ticket. Products can be delivered within 48hrs and most carry a bar code.

A new 48-page, full-colour Home Health catalogue is also available. AAH representatives will be visiting existing customers to discuss new business opportunities, while new customers buying the £25 catalogue will also receive the AAH Healthcare Book. Pharmacists will also be

offered the Home Health Starter Pack, full of products for in-shop and window display, which is being offered at a 10 per cent discount.

Home Health will also be supported by a consumer leaflet with a box for the pharmacist's stamp and an A5 window poster, both of which are available from the AAH Healthcare Centre.

The posters and leaflets will be sent to every nursing officer for geriatric medicine in the country. AAH staff will also visit all 34 Disabled Living Centres to present the catalogue and explain the service. **AAH Pharmaceuticals. Tel: 0928 717070.**

Look after your feet!

Cuxson Gerrard have produced a footcare leaflet for diabetics, "A guide to footcare for diabetics — the right and wrong ways to treat your feet".

The guide explains how diabetics can help prevent potentially dangerous foot conditions. It is free to pharmacists from **Cuxson Gerrard. Tel: 021-544 7117.**

ALL AVAILABLE ON
FP10

WASH
E45

BATH
E45

CREAM
E45

At last a complementary skin maintenance programme that is not only recommended by dermatologists and doctors, but is so effective that your customers actually recommend it to each other.

THE ART OF SKIN MAINTENANCE

Recommend all 3 products to use on a wide range of problem dry skin conditions.

Cream E45: Britain's biggest selling emollient and 6th largest OTC product in pharmacy. It can be relied upon to soothe and help relieve a wide range of dry skin conditions from sunburn to the dry stages of eczema.

Wash E45: A dermatological washing cream for the whole body. Its unique non-drying formula actually cleans effectively without removing the skin's natural barrier of oils.

Bath E45: The latest addition to the E45 programme. Ideal for soothing widespread dry skin conditions, because of its long lasting emollient effect.

The E45 skin maintenance programme, because the customer is always right.

E45

DERMATOLOGICAL SKIN CARE



Unichem plug brands on consumer offer

Ten Peugeot 106 XNs are being offered by Unichem in a consumer promotion being sold into the trade next week. The company claims it is the biggest consumer promotion ever run by a wholesaler for independent pharmacies.

Brands from eight leading manufacturers feature in the promotion, which features a "spot the ball" competition and money-off coupons on nine brands: Lillets and Simple (Smith & Nephew), Recital (L'Oreal), Oil of Ulay (Procter & Gamble), Durex (LRC), Sensor (Gillette), Kodak film, Protector (Wilkinson Sword) and Poly Easy Colour (Warner Lambert).

All the brands involved are available on special offer terms at trade and retail. The money-off coupons, redeemable only at Unichem pharmacies, offer from £1 off on Oil of Ulay to 5p off on Durex.

The consumer promotion runs from mid-May until the



end of June. Every Unichem pharmacist will receive competition entry forms and A1 promotional posters. Customers must purchase one of the promoted items from a participating pharmacy and enclose a proof of purchase with the entry form.

Pharmacists who order more than 20 cases of the promoted brands will qualify for a door drop of 1,000 leaflets, overprinted with their name and address, to their nearest customers.

Deputy marketing director

Tony Foreman says some 2 million leaflets will be delivered with 1 million being distributed through pharmacies. "The mechanics of the promotion are geared to ensuring immediate increased traffic flow and volume sales," he says. The offer is for independents only and will not be available through Moss Chemists.

The 10 pharmacists who provide the winning consumer entries will win a video camcorder. **Unichem plc. Tel: 081-391 2323.**

Powerful promotion from Kodak

Kodak are promoting their Xtralife batteries, launched this month, with a free single-use camera offer.

The offer is to be backed up with a new range of point-of-sale material.

To qualify for the camera customers have to buy two packs of the mercury-free batteries and return proof of purchase to Kodak. In return they will receive a free

Fun single-use camera. The promotion runs from May 1 until April 30 next year.

The Xtralife batteries have been packaged to join the film, single-use cameras and torches on Kodak's cross-product merchandising units, which use the Kodak brand name to provide an overall selling message for the products. **Kodak Ltd. 0442 61122.**

Asilone blows its top again!

Crookes are to advertise Asilone on television again from May 4, featuring the brand's volcano theme.

The company claims Asilone is the only indigestion remedy solely available from pharmacies to be advertised on television. The campaign will run nationally from May 7 to June 4.

Asilone suspension 500ml is available again following resolution of the production difficulties that had resulted in disrupted supplies (see **Letters**). **Crookes Healthcare Ltd. Tel: 0602 507431.**

Keep on your toes with Sure Foot

Punch Shoecare have introduced Sure Foot non-slip sole grips, designed to reduce slipping on new or smooth-soled shoes.

The grips are applied by peeling off the backing card and pressing them onto the centre of the shoe sole. They should then be left to stick for several hours before wearing.

Sure Foot comes in three sizes, small, medium and large, (£1.29) and is available to retailers in a transparent counter display dispenser which holds 20 pairs. **Punch Shoecare. Tel: 0604 646426.**

Shampoo-in highlights

Chattem UK have introduced Sun In shampoo-in highlighter, said to give results in 20 minutes.

The shampoo-in highlighter is said to gently lighten hair. It comes in two strengths, gentle and extra, for a more dramatic effect.

The gentle variant will retail at £3.95 and the extra at £4.35.

The launch will be supported with an on-going Press campaign in women's and hair magazines. **Chattem UK. Tel: 0256 844144.**

Slazenger Sport on screen

Smithkline Beecham are supporting Slazenger Sport with a £1.4 million national cinema campaign advertising the range from April to September.

The campaign will be backed by PR, targeting major sporting events such as Wimbledon and the Grand Prix. **Smithkline Beecham Health & Personal Care. Tel: 081-560 5151.**

Unichem baby wipes

Unichem are launching own label, flat-pack baby wipes.

The wipes are said to be soft and highly absorbent, hypo-allergenic, lanolin-free and contain a mild antiseptic and moisturiser.

Unichem baby wipes come in flat packs containing 86 wipes and will retail at £2.79, with an introductory trade price of £17.97 for two packs of 12. **Unichem. Tel: 081-391 2323.**



Search have launched a range of character toothbrushes based on the Thunderbirds. The range comprises four characters, Lady Penelope, Scott Tracey, Thunderbirds 1 and Thunderbirds 2. Posters and header cards are available free from Stafford-Miller. **Tel: 0707 331001**

Win a Euro Disney trip

BDC and Philips have joined up to offer customers the chance to win a trip for four to Euro Disney.

The promotion, which runs until December 31, is called Achievement '92 and has a points-for-prizes theme.

Throughout the year Philips will provide retailers with ten product categories, inviting them to write a slogan. The best one in each category will win the retailer a prize from the chosen category. At the end of the year, the best slogan will win a trip to Euro Disney. **BDC. Tel: 081-881 2001.**

Colgate put Tartar Control on air

Colgate are stepping up advertising for their oral hygiene range with a national television campaign for their Tartar Control Formula toothpaste which runs until the end of this month.

The toothpaste will now be available in 100ml tubes at £1.29.

The campaign will be a repeat of the "Wall of

Tartar" advertisement which was shown last year. The advertising forms part of Colgate-Palmolive's £17 million spend on its dental range this year.

Tartar control products take some 15 per cent share of total toothpaste sales in the UK, according to Colgate-Palmolive. **Colgate-Palmolive. Tel: 0483 302222.**



Crookes Healthcare have relaunched Nylax with new packaging, projecting a more modern image for the product. Nylax will be supported by a £250,000 Press campaign in women's magazines, featuring a violin and the slogan "For when your body's out of tune...". New point of sale material is being developed and a consumer education programme is planned. **Crookes Healthcare. Tel 0602 507431.**

日本産純薄荷油は

富士山麓



Kiminto Japanese peppermint oil. Just what you need to keep a clear head. (For business.)

For over a thousand years, the Akamaru plant (*mentha arvensis*) has been cultivated in the fertile soil of the foothills of Mount Fujiyama, and from this ancient plant, Kiminto pure Japanese Peppermint Oil is derived.

Years of wisdom and tradition are distilled into every drop. It is this essence passed down through centuries that enables the Japanese to keep a clear head. Especially in business – and now so can you.

Once your customers start to enjoy its intriguing powers they'll discover how simple it is to keep feeling clear and refreshed. And they'll keep coming back for more.

Kiminto is available in three convenient forms



permitting modern and traditional applications.

This versatile oil can be sprinkled on a handkerchief or a pillow, its vapours breathed in from a bowl of hot water, in a bath, or even a sauna. Kiminto is also available in a stylish pocket pack or as powerful sugar free mints. Backed with a £1m national advertising campaign plus superb POS support, Kiminto has everything you need to stimulate your customers' interest in this original new product.

So if you're looking for a fresh approach, order Kiminto now. It's just what you need to keep a clear head. For business. For further information contact Rhône-Poulenc Rorer Family Health Division on 0323 21422.

KIMINTO™ The fresh way to keep a clear head.

Kiminto is a trademark

*Millions of
women get
migraine,
and you're
the man
with
Migraleve...*

**TV & PRESS
CAMPAIGN
STARTS MARCH 16TH
TOTAL SPEND
£1M**

As many as one in ten people are migraine sufferers. For them, prompt relief can feel like a miracle. Only you stock a treatment that can boast 79% success providing just that.[†]

It's Migraleve - the most popular migraine specific treatment, not only on prescription but over the counter as Migraleve 12's, where its market share makes it the number four brand in the £70M strong analgesic sector.*

Make more of Migraleve 12's and a lot more people could have a lot to thank you for.

8 PINK TABLETS  4 YELLOW TABLETS 

Migraleve

FAST RELIEF
FOR MIGRAINE
HEADACHE,
NAUSEA AND
VOMITING

 12 TABLETS

It could make you very popular

Lever's Lux adds personal care range

The 80 year-old Lux soap brand is to add a range of personal care cleansing products this April, backed by a £4million support package.

Lever have set up a specialist sales force to promote to pharmacy the new Lux range, and the new Dove Cleansing Bar (see below): there is also a dedicated distribution operation. Sales director John Ballington says: "Lever recognise the importance of pharmacy in the personal care market, where the relationship between retailer and customer is so important, particularly for new products."

The range's up-to-date image reflects the packaging of Lux soap, which was re-launched last year, and targets the liquid-based personal wash market, which is the growth sector in the soap market, Lever say.

Products are Lux Beauty Facial Wash (100ml, £2.65), Lux Beauty Bath in satin and elegance (500ml, £1.89), and Lux Beauty shower in satin, sensitive and elegance (250ml, £1.99) — all variants



are packed in 6s.

The facial wash targets the mainstream 16-20 year-old age group, not a specialist niche like other brands, Lever say. "It is a gentle, refreshing way to wash the delicate skin of the face without harming it."

John Ballington expects the product to grow the £30m market and become the number two brand by the end of 1992.

Facial wash will have its own £1.8m national TV advertising campaign breaking April 21, plus Press advertising —

including a May magazine covermount — and in-store sampling.

The satin and elegance variants of Beauty Bath and Shower are respectively "mild and creamy for daily use" and "with sophisticated perfume oils". Sensitive is available only in Lux Beauty Shower and has a neutral pH for delicate skins. Both Beauty Bath and Beauty Shower will have their own £1m TV commercial breaking nationally on April 21, as well as door-to-door sampling. **Lever Brothers Ltd. Tel: 051 641 4000.**

Lever launch Dove cleansing bar to clean and moisturise in UK

Dove Cleansing Bar is being launched by Lever Brothers into the UK premium "soap" market, not as a soap, but as a "technically advanced product that promises not to dry the skin like soap".

The 100g, £0.75 bar contains "25 per cent moisturising agents" and is to be backed by a £3.5 million marketing package spearheaded by a £3m TV campaign commencing April 21, with the first burst running to the end of June.

The bar contains a direct esterified fatty isethionate (DEFI), said to have been developed to cleanse serious wounds; it has a neutral pH. Already available in the US and parts of Europe, Dove is said to be recommended as a cleansing agent by American dermatologists, and is to be detailed to UK dermatologists and paediatricians, even though it will be unlicensed here.

Sampling will be through 50g trial bars (£0.39) available through pharmacies, Baby Bounty packs, and by a covermount of a 40g bar on a leading womens' magazine in April, as well as sampling and

direct mail. The TV advertisements will comprise 10-second announcements and a mix of four 30-second commercials.

Dove packs marketed in the UK are also for the European market and carry information in four languages — English, Italian, French and German.

Lever recognise that

volume is down in the soap market, with growth coming only at the premium end. Says sales director John Ballington: "For the retailer Dove's overall return is substantially higher than leading soap brands. It has the potential to become the most profitable 'soap' line." **Lever Brothers Ltd. Tel: 051 641 4000.**



Going down!

Creightons Naturally products will be available at lower prices with effect from April 1.

The reduction in prices is

a result of improved production facilities, say Creightons. **Creightons Naturally. Tel: 0903 745611.**

Tone up with Elancyl Eau Tonique

Eau Tonique aromatic body splash is the latest addition to Pierre Fabre's Elancyl range, said to revitalise as well as tone and firm.

The body splash contains a blend of three essences, coriander to tone, lavender to soothe, and peppermint

to refresh. Also included are orange, thyme, vetiver and hawkeweed.

Elancyl Eau Tonique should be applied to dry skin after a bath or shower. It will retail at £16.50 for a 200ml bottle. **Pierre Fabre. Tel: 0865 742525.**



Wisdom support

Wisdom are backing the relaunch of their toothbrush range with a consumer Press campaign. The advertising will run throughout April and will feature a 40p off coupon, redeemable against purchase of any two Wisdom brushes.

Addis Ltd. Tel: 0992 584221.

Price reduction

Bayer Diagnostics are reducing the price of their Ames Glucometer GX meter from April 1 until December 31. The price will be £29 (trade). The retail price is £39, but includes a £10 redemption voucher that should be returned to the company for reimbursement. **Bayer Diagnostics. Tel: 0635 39000.**

Ricci cosmetics

Nina Ricci have introduced a skincare and cosmetics collection, Le Teint Ricci. The skincare range comprises cleansing gel, milk, two toners, cleansing bar and mask, and eye care formulas. There is a complete range of cosmetics. **Nina Ricci. Tel: 071-493 8232.**

Hymosa move

Brithelth Ltd have appointed I&N Rabin to distribute the Hymosa range to pharmacy. The company will also distribute Brithelth dietary supplements. **Brithelth Ltd. Tel: 0707 328118.**

F&H's Bath move

Farrow & Humphreys have moved premises following a takeover. The new address is Willow Hurst, Willow, Bath BA2 8PU. **Tel: 0225 840880.**

Bio-Light

Bioconcepts have added a raspberry flavour to Bio-Light. The product will be supported by a Press campaign. **Bioconcepts. Tel: 0705 678131.**

Delore For Nails

Original Additions Ltd have been appointed sole UK distributors of Delore For Nails. The Delore range is owned by the company, together with American sister company, American International Industries. **Original Additions Ltd. Tel: 081-573 9907.**

Warticon

Following the recent acquisition of Warticon (podophyllotoxin 0.5 per cent w/v) by Perstorp Pharma, the distributor is now Janssen, to whom all wholesale or hospital orders should be directed. The advantages of the product for treating the increasing incidence of male genital warts are being promoted to genito-urinary specialists. Product inquiries will be handled by Perstorp Pharma. **Distributor Janssen Pharmaceuticals Ltd. Tel: 0235 772966.**

Silvikrin adds air-powered spray

Silvikrin Pumping Spray, a non-aerosol hairspray, is the latest addition to the Silvikrin Active Care styling range.

The spray is powered by air alone and works by pumping the cap up and down several times to create air pressure. The spray is concentrated, so it will outlast an aerosol of twice the size, say Smithkline Beecham. A refill pack is available, which is simply screwed onto the pump.

There are three variants of Pumping Spray — firm hold, maximum hold and conditioned hold for permed and curly hair. It will retail at £2.39 for 100ml and a refill will cost £1.99. The Active Care range will be supported by Press advertising in women's magazines and sampling programmes. **Smithkline Beecham Health & Personal Care. Tel: 081-560 5151.**



Easy bronzing

Yardley have introduced a self-tanning range, Easy Bronze, which will initially be exclusive to Boots.

The range offers both UVA and UVB protection and contains vitamins A and E. The product can be removed with soap and water and is fragrance-free.

Easy Bronze comprises bronzing gel for the body SPF4 (150ml £4.95); face cream SPF8 (50ml £4.95) and face powder with sun filters (£4.95). For the launch period a 30ml trial size of Easy Bronze gel will be available at £0.95 with a coupon for £0.95 off the first purchase of a full-size pack. **Yardley. Tel: 0276 62181.**

Ultima add two to !!!

Ultima II have added make-up remover gel and gentle cleanser exfoliant to their Princess Marcella Borghese range.

Gel Delicato is oil-free and said to be effective on water-resistant make-up. It comes in a 222ml pump dispenser bottle (£21).

Esfoliante Delicato is an exfoliating gel combined with a moisturising cream. It is suitable for all skin types, it will retail at £17. **Ultima II. Tel: 071-629 7400.**

Brut gets new look and advertising campaign

Elida Gibbs are relaunching Brut, with new packaging, formulations and advertising.

The product range has been streamlined to ten items and will now be known as Brut for Men. Brut 33 after shave will be renamed Brut for Men light aftershave and Brut all-over shampoo is now Brut for Men shower gel. The shower gel has been improved to give better lathering and cleansing. The deodorant range consists of a deodorant spray, and a stick, repackaged in a wide

stick applicator.

New on-pack graphics have been introduced on all products, with the colour coding replaced by a single green stripe. The Brut logo has been refined and embossed in silver on the cartons of fragrance products, the company says.

The new £1.7 million television campaign, is entitled "The essence of man". It starts in April and runs until September, and then again before Christmas. **Elida Gibbs. Tel: 071-409 6236.**



Vichy reformulate

Vichy have relaunched Lumineuse Tinted Moisturiser for Triple Radiance. It now includes vitamin B5 and SPF3.

The company has added a new shade, Ivoire, making a total of four shades. **Cosmetique Active Ltd. Tel: 0235 526747.**

Arrid Extra Dry gets new look

Carter-Wallace are relaunching Arrid Extra Dry anti-perspirant deodorant with new packaging, and have added a new Sport variant to the range.

The new packaging is designed to increase consumer appeal and emphasises the product's dryness. Research revealed this to be the first criteria

when choosing an APD, followed by fragrance.

Fragrances now available are Desert Pink, Desert peach, Showerfresh, Unscented and new Sport. The APD market is worth £175 million a year, and is increasing by about 15 per cent per year, say **Carter-Wallace Ltd. Tel: 0303 850661.**



Shades of Summer

Charlie looks to Summer with their new Indian Earth, a mix of "sunbaked hues".

Soft bronzing powder, Indian Earth (£3.45), comes in two shades, Sahara and Sahel, and can be used all over the face for a sunkissed effect. For lips there are three Fresh Lipcolour

shades (£2.85): Goldfrost Brown, Timeless Terracotta and Rich Coral.

For nails there are three Nail Gleamers shades (£2.45): Jazzy Lilac, Timeless Terracotta and Purely Amber. **Revlon International. Tel: 071-629 7400.**

BDC one hour service

BDC are offering retailers a one-hour, call-and-collect service.

The company guarantees that an order will be ready to

collect in 60 minutes, and if it is not will offer the customer a £10 refund on the spot. **BDC. Tel: 081-881 2001.**

On TV Next Week

GTV Grampian B Border BSB British Sky C Central CTV Channel Islands LWT London Weekend	C4 Channel 4 U Ulster G Granada A Anglia TSW South West TTV Thames Television	TV-am Breakfast Television STV Scotland (central) Y Yorkshire HTV Wales & West TVS South TT Tyne Tees
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Anadin Extra:	All areas except GTV, CTV, TT, G, C, CTV & C4
Colgate Great Regular flavour:	All areas
Femigraïne:	G
Kyomi:	All areas except C4
Le Condom:	STV, G, TT, C4
Listerine:	All areas except CTV, LWT, C4
Migraleve:	TV-am
Remegel:	All areas except CTV, LWT, C4 & TV-am
Silkience:	All areas
Slim-Fast:	All areas
Wrigley's Extra & Orbit:	G, A, HTV, TSW, TVS & LWT



IT'S A HIT!

Introduced only last year, **IBULEVE** ibuprofen gel has become one of the most dramatically successful product launches **ever**. Demand has been so phenomenal, that **IBULEVE** is already brand leader! And now, in addition to our high impact press advertising, we're rolling out our **explosive nationwide TV campaign**.

So the brand leader's going to be even bigger.
Stock up now, or you won't know what's hit you.



**FOR THE RELIEF OF BACKACHE, RHEUMATIC AND
MUSCULAR PAIN, SPRAINS AND STRAINS**

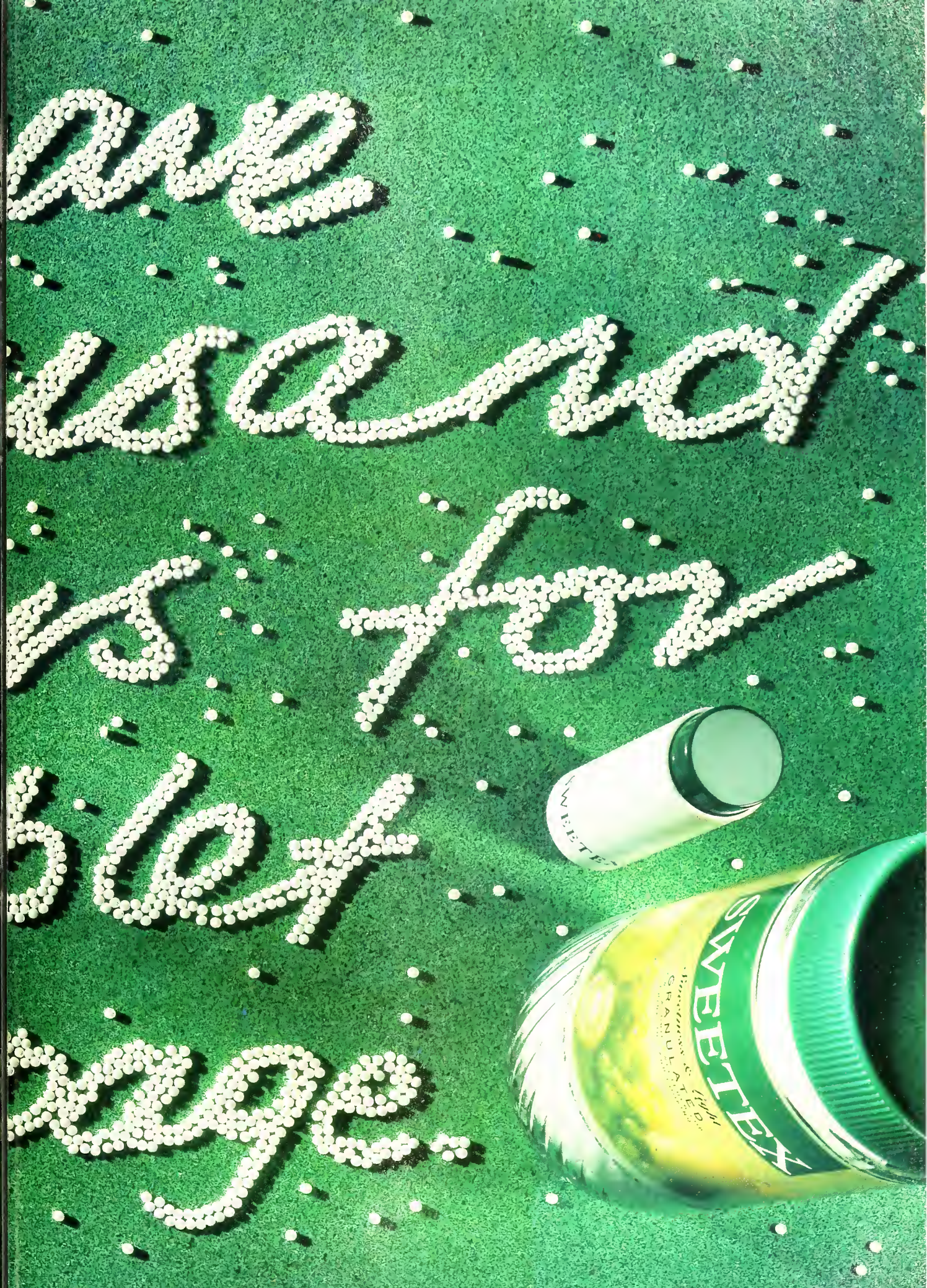
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**FRAGRANCE-FREE
COLOURLESS
NON-GREASY**

We
are
the
best
every
day

That's 4 million customers. And our present £3 million TV support and new packaging



it that way, so whether you use or stock Sweetex, you'll never feel the pinch.



Scriptspecials

Havrix against hepatitis A

Long term immunity against hepatitis A is now available for travellers heading to high risk regions with the launch of Havrix from Smithkline Beecham.

The virus affects 800 times more travellers than cholera and 40 times more than typhoid. Several different types of virus have been identified, but they are all transmitted in one of two ways: either the virus is passed from person to person in food and water (like hepatitis A) or in traces of blood and other body fluids (hepatitis B).

Symptoms are seen as jaundice, together with the appearance of dark urine and pale stools, which develop within the first three or four weeks of infection. It lasts from a few days to several weeks. Appetite and good health usually return within 28 days of the first symptoms.

High risk areas include Africa, the Far East, Middle East and Central and South America. Immunisation with immunoglobulin provides protection for up to six months. SB say Havrix can provide protection for up to ten years if a booster dose is given six months after the initial vaccination.

Manufacturer: Smithkline Beecham Pharmaceuticals, Welwyn Garden City, Herts AL7 1EY

Description Formaldehyde inactivated vaccine prepared from hepatitis A virus (HAV) HM175 strain. It comes as a turbid white suspension, each 1ml dose containing not less than 720 ELISA units of HAV protein adsorbed on aluminium hydroxide adjuvant together with 0.5 per cent w/v 2-phenoxyethanol as preservative. **Uses** Active immunisation against HAV infections, particularly for those at increased risk, eg those travelling to or living in high endemicity areas, recent close contacts of infected persons (in event of a case contact immunoglobulin should be given simultaneously with Havrix at different sites)

Administration Intramuscular use



only. Two doses of 1ml given two weeks to one month apart provides antibodies for at least one year. To obtain immunity for up to ten years a 1ml booster dose is recommended between six and 12 months after the initial dose. The vaccine should be administered to the deltoid and not the gluteal region. In patients with severe bleeding tendencies subcutaneous injection may be considered. For children less than 16 years a dose is not yet established. **Contra-indications, precautions etc** Hypersensitivity to vaccine components. Severe febrile

infections. Because of the incubation period of hepatitis A, infection may be present at the time of vaccination and Havrix may be ineffective. In haemodialysis patients and subjects with an impaired immune system, adequate antibody titres may not be obtained after the primary course and additional doses may be required. Interference with immune response is unlikely to occur when administered with other inactivated or live vaccines. Use in pregnancy is not recommended. Use with caution in breast feeding women. Adverse reactions are mild and usually confined to the first few days after vaccination (see Data Sheet). **Storage** Keep between 2-8°C. Must not be frozen. Do not dilute. Protect from light. Shelf life two years. **Legal category** POM. **Packs** Prefilled 1ml syringes in packs of one (£13.60) and 10 (£136). **PL number** 10592/0006

Urispas 500 pack

Syntex are introducing a new 500 tablet pack (£27.25) of their urinary incontinence therapy Urispas 100mg. **Syntex Pharmaceuticals Ltd.** Tel: 0628 33191.

Normax from Evans

Orders for Normax capsules (candanthrusate) previously supplied by Farillon are now available from **Evans Medical**. Tel: 0582 476611.

Tetanus syringe

Servier are now supplying their adsorbed tetanus vaccine BP in a prefilled 0.5ml monodose syringe. (single unit £1.40; a pack of ten £14). **Servier Laboratories Ltd.** Tel: 0753 662744.

McCarthy masks

Astra Pharmaceuticals have a policy of supplying the McCarthy face mask free of charge for use with spacer devices. In future requests will have to be made by letter to **Respiratory Department (McCarthy Mask service)**, Astra Pharmaceuticals Ltd, Home Park, Kings Langley, Herts WD4 8DH.

Balneum or Plus

E. Merck say a number of patients are receiving Balneum rather than Balneum Plus as GPs are writing "+" rather than "plus" on the script. Pharmacists are asked to be aware of the possible confusion. **E. Merck Ltd.** Tel: 0420 64011.

Erymax now in 30s

Parke-Davis are introducing a 30 pack (£6.65 basic NHS) of Erymax capsules to replace the existing 28-capsule pack. On exhaustion of the 28-pack outstanding orders will be met by the nearest equivalent amount in the new 30-pack. The new pack is less than half the size of the current one. Old stock should not be returned. **Parke-Davis Research Laboratories.** Tel: 0703 620500.

MST goes aqueous

An aqueous rather than an organic film coating is now being used on the MST Continus tablet range. With this change, the colour of the 60mg orange tablet has been strengthened to avoid possible confusion with the 10mg tablet which is golden brown. **Napp Laboratories.** Tel: 0223 424444.

Epanutin 300mg

Parke-Davis have launched a 300mg strength of Epanutin, allowing single, once-daily medication for those patients stabilised on 300mg phenytoin.

Epanutin 300mg are white and green capsules printed with Epanutin 300. The pack of 100 blister packed capsules (NHS price £7.66) also contains a patient information leaflet.

Epanutin 300mg has equal bio-availability with three 100mg Epanutin capsules, says the company. Dosage, side effects and contra-indications are as for other Epanutin presentations. **Parke-Davis Research Laboratories.** Tel: 0703 620500.

Calcichew-D₃

Shire Pharmaceuticals have launched an oral calcium and vitamin D supplement for use when the diet is deficient or when normal requirements are increased. Calcichew-D₃ may be used as an adjunct to specific therapy for osteoporosis, and as a therapeutic supplement in established osteomalacia, in pregnant women, and in cases of malnutrition.

The product (100 £14, basic NHS) is presented as a white round biconvex, slightly speckled, chewable tablet with an orange flavour containing 1,250mg calcium carbonate (500mg calcium) and 200iu vitamin D₃ (5mcg cholecalciferol). Calcichew-D₃ is a Pharmacy medicine.

The dose is two tablets to be chewed daily (not for children under 12 years). The product (PL8557/0021) is contra-indicated in hypercalcaemia, severe hypercalcaemia and osteoporosis due to immobilisation. Calcium may impair the absorption of tetracyclines, fluoride or iron. At least three hours should intervene between doses (see Data Sheet). **Shire Pharmaceuticals Ltd.** Tel: 0264 333455.

Cash in with Crookes Healthcare

The final £100 prize winners will now go forward for the jackpot of £5,000 have been drawn by the judges. We are pleased to extend our congratulations and best wishes to the following:
Mr G Goodinson, Morley HC Pharmacy, Leeds

RG Royles, High Street, Denbigh, Clwyd.
Mr Kothari, Jacobs Dispensing Chemist, Leicester.
Mr Jagpal, J + J Chemist, Clark Road, Wolverhampton.
Mr Dhanjal, Kingshead Chemist, Chingford.

PJ Martell Ltd, Paddock Wood, Tonbridge.
Mr Patel, Bishops Pharmacy, Hampstead Garden Suburb, London.
Getting it right at point of sale is crucial and the Mystery Shopper Campaign has clearly worked.

Typical comments from these winners included "When we had the Dequa stand on show it increased sales significantly". And the same went for Strepsils. "I have sold a lot more Strepsils, but all sales improved which was excellent".



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* Formulated to minimise the risk of allergy

* Year on year sterling growth. Data supplied by the company.

Streptokinase safer than newer drugs

The largest-ever heart attack study has found no significant differences in the number of lives saved by the clot-dissolving drugs streptokinase, tPA and anistreplase. But streptokinase was found to be safer, with the two newer agents causing significantly more strokes from bleeding into the brain.

The third International Study of Infarct Survival (ISIS-3), based in Oxford, studied more than 40,000 heart attack patients from 1,000 hospitals in 20 countries. It was the second large-scale trial comparing tPA with streptokinase. Both ISIS-3

and an earlier Italian trial on over 20,000 patients showed no survival difference between the two drugs in the short or long term, but there were about four extra strokes per 1,000 patients given tPA.

The previous trial in this series (ISIS-2) showed that survival rates improved if heart attack patients took half an aspirin daily in addition to a clot-dissolving agent. ISIS-3 also assessed the potential risks and benefits of adding heparin to routine aspirin. With heparin, there were about two per 1,000 extra strokes from bleeding into the brain

and about five fewer deaths per 1,000 patients treated, but this early survival advantage did not appear to persist long-term.

Dr Rory Collins, co-ordinator of the ISIS trials, said last week that the cheaper streptokinase and aspirin routine appeared to be the best in terms of avoiding strokes and reducing drug costs. However, the researchers, reporting the results in *The Lancet* (March 28), did not exclude the possibility that tPA or anistreplase might perform better than streptokinase in different circumstances.

Laxative detection

Surreptitious taking of laxatives is a well-recognised cause of chronic idiopathic diarrhoea but doctors often fail to diagnose it, according to researchers at Glasgow Royal Infirmary and Western General Hospital, Edinburgh.

A laxative screening service, using thin layer chromatography to detect stimulant laxatives in urine, is offered as a routine service to hospitals in Western and Central Scotland. Patients are asked to provide a urine sample at a time when they have diarrhoea.

The prevalence of laxative-induced diarrhoea was found to be 4 per cent in new patients presenting to a gastro-enterology clinic with diarrhoea and 20 per cent in patients already undergoing investigations. There was a high rate of missed diagnosis of laxative-induced diarrhoea (71 per cent), which was often mistaken for irritable bowel syndrome.

Failure to make the correct diagnosis can have considerable financial implications because of the in-patient stays and clinical investigations which are performed. The authors estimated that this unnecessary expenditure amounted to an average of £2807 per patient. In contrast, the cost of performing a laxative screen on all patients presenting with diarrhoea is about £600 for each laxative abuser diagnosed (based on £24 per test).

Heart disease link with baby feeding

Age of weaning and possibly the type of milk given may affect heart disease risk in later life, a study has shown.

Researchers at Southampton University and Cambridge University studied the method of feeding of 5,471 men born in Hertfordshire between 1911-30. They compared the death rates from ischaemic heart disease with those expected from national rates for men of corresponding age. Blood lipid measurements were taken in 485 of the men still living.

Men who had been breast fed

and not weaned at one year and those who had been exclusively bottle fed from birth had higher death rates from ischaemic heart disease. Blood tests showed that these groups also had higher serum total cholesterol, low density lipoprotein cholesterol and apolipoprotein B concentrations, all linked with heart disease.

Death from heart disease was lowest in those who had been breast and bottle fed, and almost as low in breast fed men who had been weaned at one year. In all feeding groups, serum apolipoprotein B

concentrations were lower in men with higher birth weight and weight at one year.

Bottle foods available 70 years ago included dried cows' milk, unmodified cows' milk and diluted condensed milk. Modern formula milks differ considerably; they are fortified with vitamins and iron, the fat content is mainly unsaturated and the electrolyte content is similar to breast milk. It is therefore difficult to assess the relevance of these findings for bottle fed babies today, the researchers say in a report in the *British Medical Journal* (March 28).

THE PAIN KILLER W



This represents a potential four to five fold saving in investigation costs and unquantified expenditure on drugs and outpatient consultations, the authors say in the April *Journal of the Royal Society of Medicine*.

"We suggest that a laxative screen be performed on all new patients referred for investigation of diarrhoea," they add.

Quinolones 'valuable'

The new fluoroquinolones are proving to be valuable antimicrobial agents of generally low toxicity, concludes the April *Adverse Drug Reaction Bulletin*.

Adverse events are usually mild and resolve on withdrawal of the drug. Gastro-intestinal effects are the most common but again are usually mild.

However, the *Bulletin* recommends certain precautions and contra-indications. Because drug-induced arthropathies occur in young animals, quinolones should not be given to pregnant or lactating women or growing children unless the benefits outweigh the risks. Care should also be taken in patients with a history of epilepsy or severe cerebral arteriosclerosis.

Dose adjustments may be necessary in reduced renal function, when the measurement of serum concentrations is desirable.

Statutory Committee clears enthusiastic pharmacist

Co Down pharmacist and Boots branch manager Boyd Rankin, who admitted he got "carried away" during a discussion with a journalist in which he praised a monitored dosage system, has been cleared of unprofessional conduct by the Statutory Committee of the Pharmaceutical Society of Northern Ireland.

The Committee also concluded that no action should be taken against Boots, as it was clearly not the company's policy to conduct any promotional campaign outside the Code of Ethics.

The judgment, announced on March 26, comes after a complaint to the Committee alleging that an article in the *Co Down Spectator* on September 12, 1991, quoting Mr Rankin, contravened the Code in several respects.

The article, written by staff journalist Fiona O'Neill, was considered by the Committee to have drawn an invidious distinction between pharmacies, was inaccurate and misleading, and could disparage the nursing profession.

In evidence Mrs O'Neill said she went to interview Mr Rankin at Boots following attacks in the Bangor area by animal rights activists. As she was leaving the section where the dosage units were

dispensed, Mr Rankin started talking about the system.

"He was very enthusiastic about it and I thought it would make a good news feature for the paper," Mrs O'Neill told the Committee. She asked for a photograph to illustrate the story, which she received, but she was in a hurry and told Mr Rankin she would call back on another occasion.

She had gone ahead and written the article, quoting Mr Rankin as saying that the monitored dosage system reduced the error rate in the administration of medicines to elderly people in hospital from 10 per cent to under 1 per cent.

In evidence Mr Rankin agreed that he had an informal conversation with Mrs O'Neill and had spoken enthusiastically about the system but, he said, it was a preliminary discussion and he understood Mrs O'Neill would be returning to discuss the matter more formally when he had time to check with his superiors.

"When I saw the article in the newspaper my first reaction was shock. I was horrified that the article was published," he said.

Mr Rankin had decided against writing to the newspaper, believing that such action would "only have created more publicity". He added that at the time he first spoke to Mrs

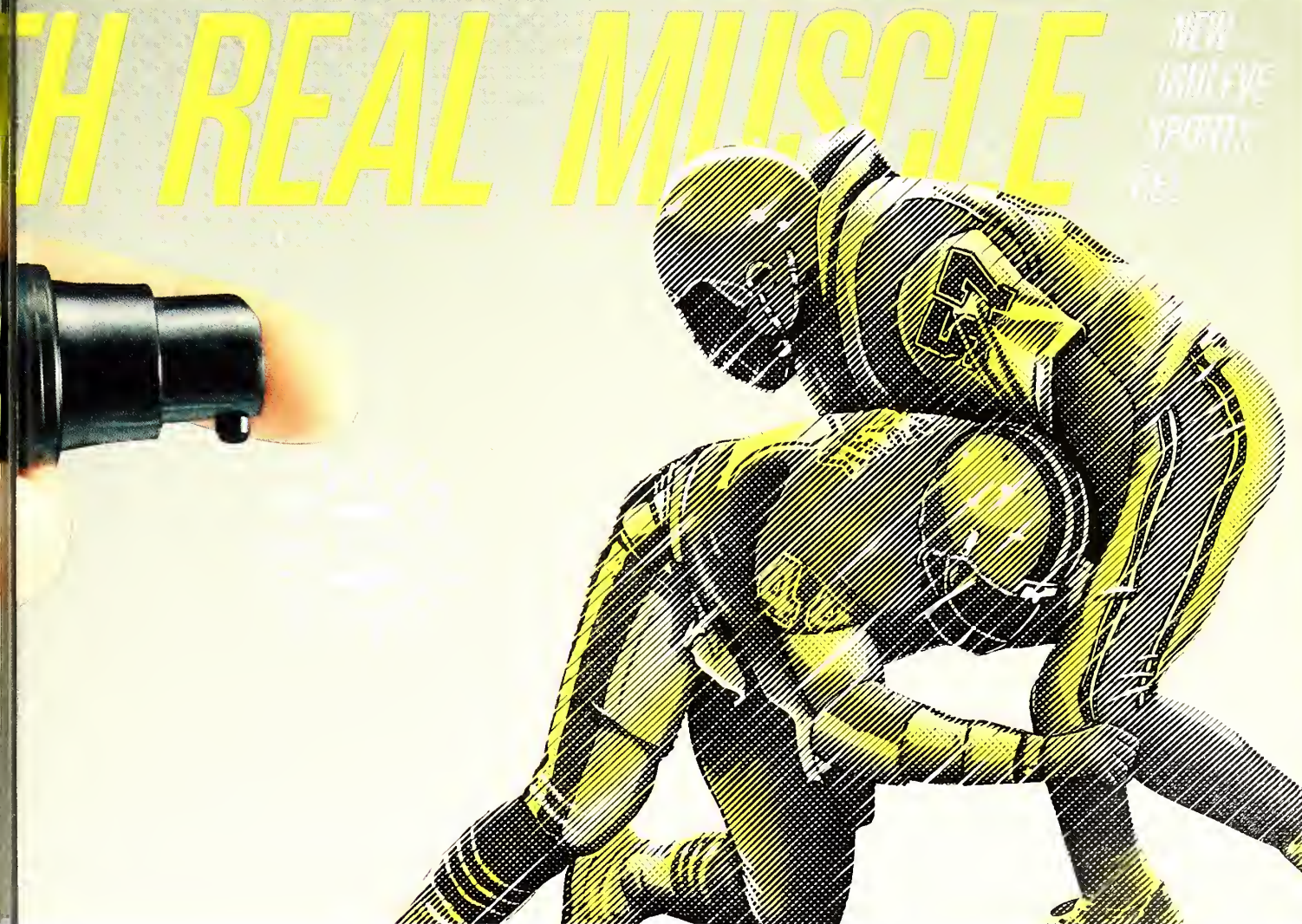
O'Neill he was "carried away with enthusiasm and admiration of the system".

Marshall Davies, Boots pharmacy superintendent, said there were clear company guidelines relating to Press articles and if he had been in a position to know, he would have instructed Mr Rankin not to hold such a conversation with a journalist.

Alan Commerton QC, representing Mr Rankin, told the Committee: "You should not believe misconduct unless you think he was a fly man or setting out to promote Boots. Quite simply he expected the journalist to come back to him and did not anticipate that anything would appear in the paper."

Committee chairman, Charles Hill QC, said the Committee was satisfied at an early stage of the hearing that there was no evidence to support any charge against Boots. "Although the circumstances looked to us to be suspicious, it has transpired that that suspicion was unfounded."

Mr Rankin had failed to observe the high standards of Article 7 of the Code dealing with publicity for professional services. "But in the circumstances it was not sufficiently serious to have a finding of misconduct," he added.

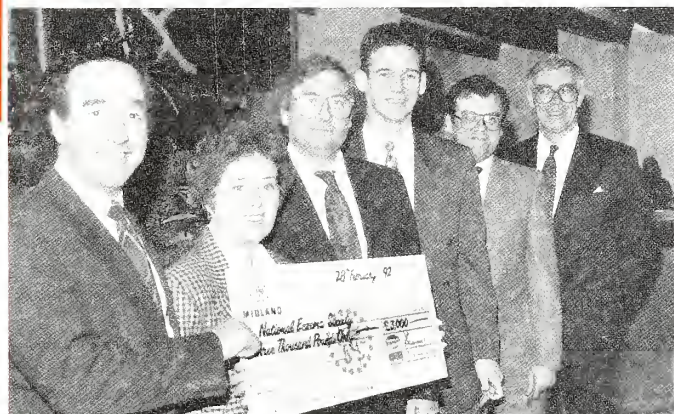


The 1991-92 Pharmaceutical Don't Care Awards

A new award for the manufacturer who shows the least regard for the community pharmacist during 1991-92 could be Pharmaceutical Don't Care Awards. The winner has the undying derision of the community pharmacist and is, by an overwhelming majority, Glaxo; the runner up is Fisons.

Glaxo's initiative was to make the wholesalers agents for their goods, so that they could have more control over the supply. Its effect is to:

- reduce discounts available to the individual pharmacist, while not disadvantaging the large multiples, who are likely to be "agents"
- increase the amount of paperwork involved in handling what is in effect a third and fourth wholesaler
- increase accountancy fees because of the increase in the number of invoices
- increase the amount of work by the wholesalers by having separate documentation at increased cost. (Why should the wholesaler give away his "agency fee" for which he is doing more work?)



The National Eczema Society was presented with a cheque for £3,000 following the successful joint promotion and fundraising activities of Numark and Crookes Healthcare. Pictured below Roger Kitter, star of the BBC's "Allo 'Allo", presents the cheque to Tina Funnell, director of the National Eczema Society, watched by (l-r) Terry Norris, Graham McLean, John Liptrot and John Edwards from the two companies

"The Pharmaceutical Services Negotiating Committee is going to have the discount scale adjusted to take account of this shortfall in cash," say Glaxo, after looking into the crystal ball. Tell that one to the bank manager — it's the funniest joke he's heard all year.

As for the out of stock situation — Fisons would have won this by a large margin, with the debacle over cromoglycate preparations during the 1991 hay fever season, but Glaxo have again come surging to the front, with a last minute "out of stock" call going up from the wholesalers during the extra busy Christmas rush.

The remedy is that Glaxo leave wholesaling to the wholesalers and stick to manufacturing. That way pharmacists can revert to being pharmacists instead of trying to be accounts clerks, and manufacturers can stick to manufacturing products that pharmacists can supply.

In the short term, Glaxo could reduce their thresholds to zero and have one discount across the board, thereby showing their intention not to turn their backs on independent pharmacists — not that I suggest they turn their back around here — they might find something sticking in it.

A.L. Peck
Nottingham.

Normal Asilone supply resumed

Boots Pharmaceuticals UK are pleased to announce that, following a period of disrupted supply of Asilone 500ml suspension, normal service now has been fully resumed. The production difficulties which led to the interruption in supply have now been resolved and no further difficulties are anticipated.

D. Bowler
Business development manager,
Boots Pharmaceuticals UK

Poly gone!

Where is my Polycrol Forte? asks Xrayser in **Topical Reflections** (C&D, March 21, p423).

The Nicholas Division of Roche plead "not guilty as charged". Polycrol Gel and Polycrol Forte Gel were discontinued earlier this year in the face of production difficulties.

This state of affairs was communicated to all relevant publications, including (of course) *Chemist & Druggist*, on February 4. A notification subsequently appeared in the columns of this journal!

Mr D. Robson
Drug information manager, Roche

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Tatfords: 50 years old and still flourishing

The weather wasn't kind to Tatfords, but the rain didn't put a damper on a well-attended trade show to celebrate the south coast wholesaler's 50th anniversary.

Over 350 people and their children were at Bournemouth's Purbeck Hall to see the president and founder of the firm, the octogenarian Graham Tatford, receive a 50th anniversary cake.

And, reflecting the wholesaler's recently announced Numark membership, the voluntary trading group's managing director Terry Norris was on hand to present a cut-glass engraved bowl in celebration of the occasion.

The Tatford history has been a combination of enterprise in the face of adversity and changing with the times. In 1942 Graham Tatford was a retail pharmacy manager in Portsmouth. Pharmacy was a protected occupation during the war as it was regarded as essential to the war effort.

During the blitz a land-mine hit the pharmacy and Mr Tatford was out of a job. But he was to turn this seeming disaster into an opportunity by



Tatfords' president Graham Tatford (left) and managing director Don Mulholland (centre) receive a presentation cut glass bowl from Numark's chief executive in celebration of their half century

manufacturing cosmetics — scarce items during the war — from items which were not on ration.

The business flourished and Mr Tatford soon found others in the pharmacy profession to help him set up Graham Tatford & Co to both manufacture and wholesale cosmetics for local retailers. Right from the start the company had a semi co-operative character and Tatfords recruited some 25 to 30 pharmacies in the Portsmouth area to take shares.

The business soon moved from its original location in Mr Tatford's front room into larger premises and grew steadily for the rest of the 1940s and all through the 50s.

The formation of the NHS was another opportunity for Tatfords and the company became a full-line pharmaceutical wholesaler.

Competition from the national wholesalers had arrived by the end of the 1950s but Tatfords still grew, both organically and by acquisition, until the end of retail price maintenance in 1979. At that point the company boasted four depots and around 150 staff.

The business had to change as margins were squeezed by RPM and competition, and by 1981 the company had retrenched to a single depot and 75 staff. In the following 18 months turnover expanded from £4m to £15m, vindicating the change of strategy. Today Tatfords turns over £23m and employs 85 staff.

Don Mulholland, the managing director who first joined the company in 1955, told C&D: "A trade show



Attendance was high at Tatfords' fiftieth

seemed the most natural thing to do to celebrate the anniversary. We have had two a year for the last six or seven years but this is by far the largest.

"It reflects the decision, following Tatfords joining Numark in January, to expand the company's area of service to the Thames Valley and Oxford."

Generics manufacturers APS Berk were among the 60-plus exhibitors at the show were in attendance. The company is the generics supplier to Numark and Tatfords membership means 42 APS generic lines are available through Tatfords instead of the previous 12.

"We are here to support Tatfords," said a spokesman. "There is still a core of pharmacists who want to trade with independent wholesalers and we want to show such customers APS generics are now available through Tatfords."

Exhibitors SB Consumer

Brands say they have seen an increase in orders over the couple of months Tatfords have been a member of Numark, while Becton Dickinson found they were taking worthwhile orders for the diabetic products at the show.

But it was really a day for the retailers, with Tatfords running a draw with scores of prizes. First prize in the draw for £1,500 worth of travel vouchers was won by Pauline Way of John Way Chemists, Poole. One of the youngest winners of the day was Richard Herring, aged 6, who won a cuddly hedgehog henceforth to be known as "Noddy".

Tatfords also won a lot of young hearts by inviting Stephen Cartwright, the children's book illustrator whose work Numark use on their own brand baby care products, to come and draw pictures of animals requested by the children.



A lucky winner: Richard Herring, aged six, with Noddy the cuddly hedgehog and Dad

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ELIDA GIBBS
LEADERS IN PERSONAL CARE

The complaining ear

Ear disorders are common and pharmacists will often be asked for advice. Although all ages can be affected, children are especially prone, explains Janie Sheridan, MRPharmS, Boots teacher/practitioner at the School of Pharmacy, University of London

Ear disorders in children may be due to developmental changes of the ear, teething, problems with adenoids, or the fact that children often have a certain fascination with putting small, and often sharp, objects in their ears!

Apart from infections of the ear, ear conditions may be due to seborrhoeic dermatitis, psoriasis, furunculosis (infected hair follicle) or eczematous dermatitis.

Many ear conditions are not serious, but although many patients may be tempted to self-diagnose and use home remedies, some conditions will require referral to the doctor. The result of inappropriate treatment or delay in referral may have serious consequences such as permanent hearing loss.

It is therefore the role of the community pharmacist to both diagnose correctly and give appropriate advice.

The ear is divided into three main parts: external, middle and internal. The external ear comprises the auricle and the external auditory canal which are responsible for channelling sound waves towards the ear drum. The skin covering the external ear contains hair follicles and sebaceous and ceruminous glands.

The middle ear is divided from the external ear by the tympanic membrane or ear-drum, which is sensitive to pain and pressure. The middle ear contains an air cavity and three ossicles: the anvil (incus), stirrup (stapes) and hammer (malleus).

Sound waves transmitted via vibrations of the tympanic membrane to the ossicles are then conveyed to the inner ear and onto the brain. The middle ear is joined to the nasopharynx via the eustachian tube.

The inner ear consists of fluid-filled cavities which are responsible for transmitting information to the brain regarding the position and movement of the body. Inner ear conditions often result in nausea and dizziness.

Otitis media

Otitis media is inflammation of the middle ear, and may be classified as either acute or chronic.

It may affect one or both ears. Symptoms are increased



The ear of a person suffering from acute otitis externa. Symptoms include itching and a slight discharge

pressure in the ear, gradual loss of hearing, and pain, although moving the external ear does not usually cause excess pain.

These symptoms are caused by the mucosa of the middle ear and tympanic membrane becoming inflamed and fluid from permeable capillaries accumulating in the ear space.

As pressure builds up, the membrane may rupture. In infants the temperature may rise to 104°F and vomiting and

diarrhoea may be present.

The main predisposing factors are nasal infections, nasopharyngeal or sinus problems, mumps, measles, influenza and pneumonia.

Organisms are thought to enter the middle ear via the eustachian tube after sneezing or violent nose-blowing. If there is a blockage or dysfunction of the eustachian tube this may cause bacteria or viruses to build up

Otitis media is very common in children and may be due to the fact that the eustachian tube is relatively short. And infants who are bottle fed while they are lying down may contract the condition due to infected milk or vomit entering the eustachian tube. Allergies may also be responsible for this condition and should be investigated, especially if the condition is recurrent.

Acute otitis media is often subdivided into acute non-suppurative and suppurative (purulent), with the type usually indicating the extent of the disease. Both types of acute otitis media usually precede chronic otitis media.

The main organisms involved in acute suppurative otitis media are *Staphylococcus*, *Diplococcus pneumoniae*, *Haemophilus influenzae* and *Beta haemolytic streptococcus*. Some viruses are believed to cause or predispose to otitis media.

The organisms involved in chronic otitis media are *Staphylococcus aureus*, *Proteus*, *E. coli* and *Klebsiella aerogenes*. In chronic otitis media the tympanic membrane may become punctured and so these organisms gain entry to the middle ear.

Treatment of otitis media is mainly concerned with eliminating the infection as soon as possible, limiting damage to the ear, and restoring hearing. The main antibiotics used are penicillins, tetracyclines, erythromycin and cephalosporins.

Treatment usually continues for ten days, and antibiotics coupled with the use of decongestants is a common choice. Where antibiotics have been given on their own and the pharmacist can see no contra-indications to decongestant use, it may be recommended. Analgesics and antipyretics may be recommended as well. As allergy has been implicated in otitis media, antihistamines are often used in conjunction with decongestants.

The main role of the pharmacist in otitis media is to correctly diagnose and refer. The main symptoms to look for are severe, throbbing pain in one or both ears, and the

continued on p521

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Be sure to take advantage
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Now let us show you
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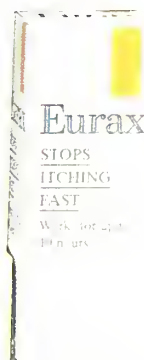
Telephone: 0306 742800.

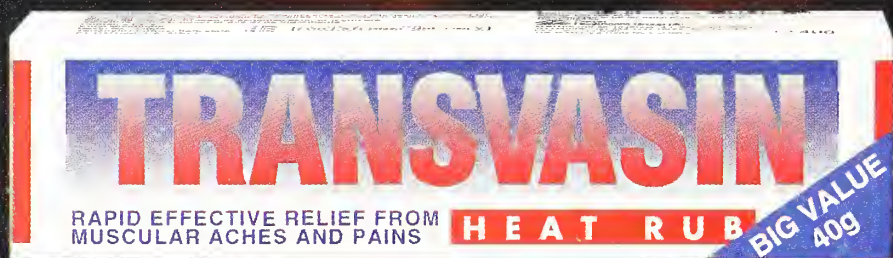


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continued from p518

existence of any of the following predisposing factors: fever, exudate from the outer ear, build-up of pressure in the inner ear and hearing loss.

While symptomatic relief for pain should be given, the patient should be encouraged to visit the doctor as soon as possible.

Otitis externa

Otitis externa is inflammation of the external ear) caused by either gram-positive or gram-negative micro-organisms or, rarely, by fungi.

The main organisms responsible for otitis externa are *Pseudomonas aeruginosa*, *Proteus*, *Streptococcus* and *Staphylococcus*. Inflammation may be confined to the external auditory canal or spread to the pinna.

The tympanic membrane remains intact, but if the infection is close to the membrane then occlusion and hearing loss may occur.

Predisposing factors include the use of chemicals such as those used in dyeing hair, impacted cerumen, injury, moisture, alkaline pH, poor hygiene and skin disorders such as dermatitis and psoriasis.

Unlike otitis media, pulling the ear lobe or manipulating the ear canal is very painful. Other symptoms are severe pain, possibly preceded by itching, redness, swelling and tenderness of the outer ear. The skin may appear dry and scaly



and lymph nodes may be swollen. All suspected cases of otitis externa should be referred. The incidence in the population is 3-5 per cent.

Treatment includes the reduction of swelling and inflammation and the eradication of any infectious micro-organisms. Aluminium

acetate ear drops may be used to reduce swelling; these are applied to a cotton plug or ribbon gauze and inserted gently into the ear.

Any swelling of the external ear may be treated with an aluminium acetate compress, which should be left on for no more than 48 hours.

Antibiotic ear drops are also used to treat otitis externa. In the past, chloramphenicol was very popular, but treatment often gave rise to dermatological side effects. Other antibiotics used are neomycin, gentamicin, framycetin and polymyxin B. These may be formulated with corticosteroids to reduce inflammation, or local anaesthetics to reduce pain.

Antibiotic ear drops should not be used for prolonged treatment as superinfection can occur. Acetic acid ear drops (formula in Martindale) have also been used for their mild antifungal and antibiotic properties.

Ear wax

Cerumen (ear wax) is often a predisposing factor in otitis externa and is also often responsible for hearing loss.

Some people produce large quantities of cerumen, which may become impacted and cause a blockage every few months.

Accumulation of cerumen may lead to itching, pain and vertigo as well as conductive hearing loss. If it becomes moist, it provides an ideal environment for micro-organisms to flourish. And if cerumen becomes hard, it may damage the ear canal and the tympanic membrane — especially if the sufferer tries to unblock the ear using cotton buds or other similar devices.

The use of such devices to remove anything from the ear

canal should be discouraged. These may further impact cerumen, damage the ear canal, cause an infection or perforate the ear drum. Cotton buds should only be used to clean the very outside of the ear.

The removal of hard cerumen should be carried out by the doctor who may decide to syringe the ear. The process uses warm water which is gently introduced into the external auditory canal. Patients should experience no pain, pressure or vertigo as a result of having their ears syringed. If they do, the process should be stopped. It is contraindicated in a patient with a perforated ear drum.

Cerumenolytic (wax softening) agents may be used for a few days before syringing, and may be bought over the counter. They include olive oil, sodium bicarbonate, propylene glycol, glycerin, hydrogen peroxide and docusate sodium. These products should be used 3-4 drops, three times a day for around three days.

Patients may be anxious about having their ears syringed and should be reassured that it is neither painful nor dangerous when carried out by a doctor or other suitable qualified person.

The consultation

The following questions should be asked in order to obtain enough information about the condition for accurate advice and treatment to be given or a referral be made.

- How old is the patient?
- What are the symptoms? (pain, pressure, hearing loss, discharge, bleeding, itching, redness, scaling of skin, dizziness, tinnitus).
- If there is pain, is it made worse by manipulating the ear lobe or ear canal?
- How long have the symptoms been present?
- Has this occurred before?
- Has there been a history of flu or other upper respiratory tract infections?
- Has there been any recent trauma to the ear?
- Has the patient been swimming or showering?
- Have they tried any treatment?
- What other medication is the patient currently taking?

Ear drops should be warmed to body temperature as hot or cold drops can cause pain and discomfort. They should not be used where the ear drum is perforated.

In children, it is best to get the child to lie on his or her side with the affected ear up. The ear lobe should be pulled gently back to straighten the ear canal. In adults the ear lobe should be pulled gently up and back. A plug of cotton wool may be inserted into the ear — not too far — to prevent the drops from running out.

Painful symptoms may be relieved by analgesics, but should not be given as a substitute for antibiotic.

It is also important to remember the ear is susceptible to effects by certain ototoxic drugs such as quinine, salicylates and chloroquine.

Other ear conditions

● **Seromucinous otitis media**, commonly known as glue ear, is an infected middle ear cleft filled with thin fluid, where the tympanic membrane is intact.

It is especially common in children aged one to five years and incidence decreases with age. The condition may resolve in a few weeks, but if undetected it may persist to cause partial hearing loss and may cause a delay in learning and speech development.

Symptoms include excess wax formation and imbalance. In older children there may be pain, pressure, and ringing in the ears. This condition should always be referred to the doctor.

● **Acute furunculosis**. This is caused by infected hair follicles leading to the formation of a boil. There will be a burning pain and hearing loss. The condition should be referred.

● **Acute diffuse otitis externa** (swimmers' ear) is an infection of the skin of the ear canal, usually caused by trauma and the presence of moisture. It is common in swimmers due to entry of water into the ears, and is also common in hot, humid climates. The condition requires antibiotic treatment.

Symptoms include irritation and pain, with the ear feeling blocked. There may be partial hearing loss.

● **Otitis externa haemorrhagica** (*Bullus myringitis*). Severe pain

followed by bleeding from the ear are the main symptoms of this ear condition, which is usually caused by a virus. Analgesics and broad spectrum antibiotics (to prevent secondary infection) are the treatments used.

● **Contact or allergic dermatitis**. This may be caused by an allergic or contact reaction to many things — common culprits are hearing aid moulds, jewellery (especially nickel), match heads (used to clean the ears!) and some topical antibiotics, especially chloramphenicol.

Redness, inflammation, vesicles, weeping and crusting are all characteristic symptoms. If there is no evidence of secondary infection the area may be treated by keeping it clean with liquid antibiotics and the possible use of antihistamine cream.

Hydrocortisone cream (1 per cent) may be used sparingly if the skin is not broken. However, it may set up a dermatitis of its own in susceptible individuals.

Treatment for secondary infection is topical antibiotics, usually combined with a corticosteroid.

● **Tinnitus** is a ringing noise in one or both ears. It may be caused as a side effect of certain medication, notably aspirin and quinine. It may also be associated with conditions of the inner ear.

Adverse drug reactions and the gastro-intestinal tract

Adverse drug reactions occur more frequently than is commonly recognised. Often they can present with the symptoms of a digestive disorder. Janie Sheridan and Ian Bates of the Centre for Pharmacy Practice, School of Pharmacy, University of London, highlight some of the warning signs

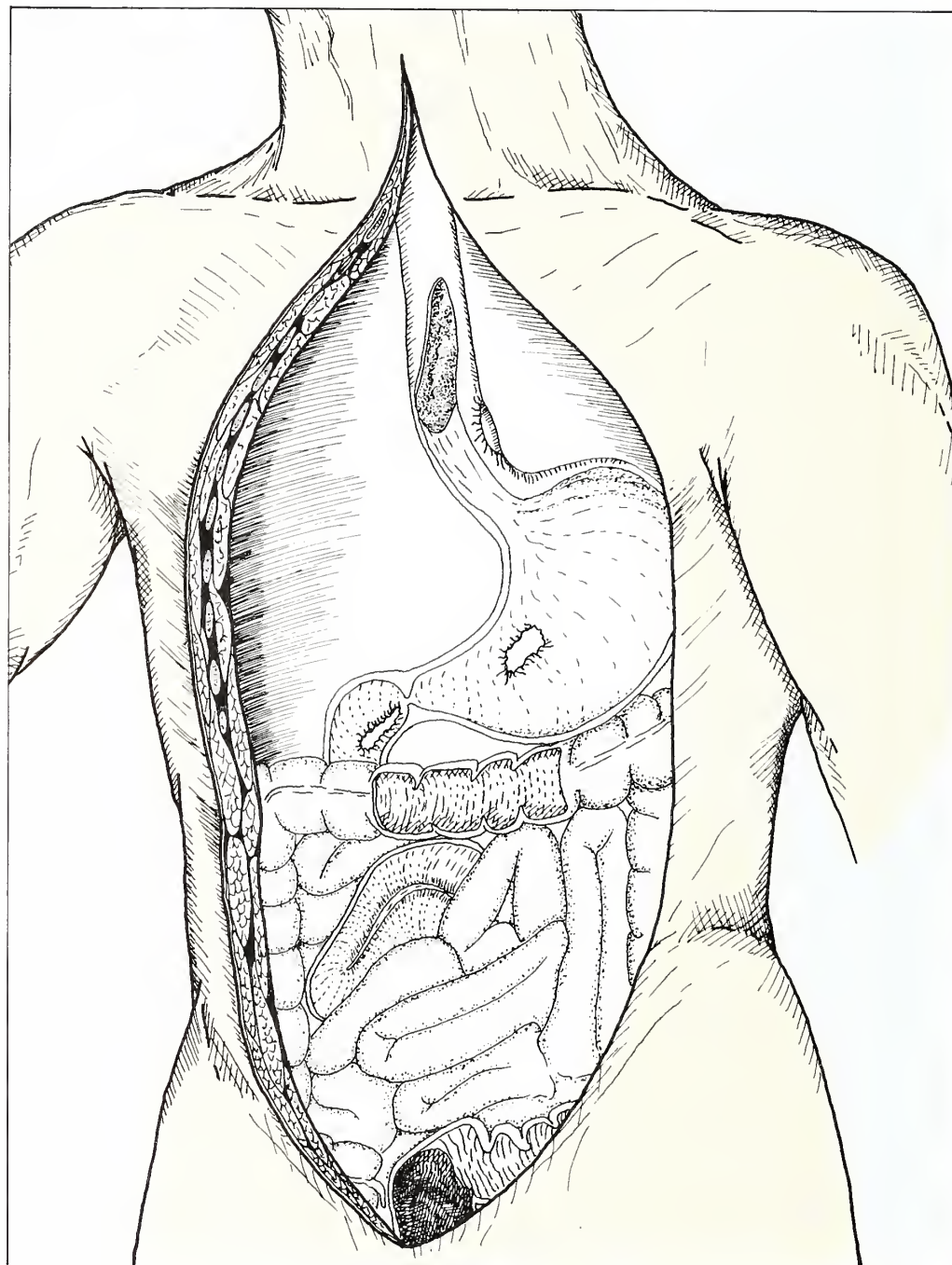
The history of adverse drug reactions (ADRs) is about as old as the history of medicine. It was apparent to Homer that in respect of drugs, "many are excellent when mingled and many fatal". In addition, Galen (131-201) warned against badly written or vague prescriptions, followed a few centuries later by a recommendation from Rhazes (860-932) about the ill-advised use of compound remedies.

Members from the Paris faculty of physicians banned a drug — antimony — on the grounds of toxicity for the first time in history, but later renounced this when Louis XIV was "cured" of typhoid by the drug in 1657. Physicians in general were slow to improve standards of prescribing in the face of well recognised ADRs, a fact referred to by Voltaire as "pouring drugs of which they knew little into the bodies of which they knew less".

Today, of course, we would like to imagine our greater sophistication and knowledge in terms of drug usage, and yet we are still caught unawares by ADRs, even though in some cases the offensive drug has been therapeutically used for some considerable time. This article will consider some general principles of ADRs and then consider in more detail ADRs in relation to the gastro-intestinal tract (GIT).

By definition...

Adverse drug reactions are unwanted effects of treatment occurring at usual therapeutic doses, for example anaphylaxis after intravenous benzylpenicillin, or a skin rash after amoxycillin. In other words, ADRs are an unavoidable consequence of treatment. Their incidence is difficult to determine, although there can be no doubt that it is a problem. As an estimation, perhaps 4-6 per cent of all hospital admissions may be due to an ADR, and ADRs may occur in up to 10-20 per cent of all patients. Other work has suggested that one in every 100 deaths on wards may be ADR-related.



In community practice the incidence is less certain, and up to 5 per cent of patients may be affected by drug adverse reactions. Drugs which are commonly implicated include the anticoagulants, non-steroidal anti-inflammatory drugs (NSAIDs), glucocorticoids, antibiotics, diuretics and insulins. Amongst this 5 per cent incidence (which many believe, on anecdotal evidence, to be a gross underestimation), skin and GIT problems are very common, although it should be stated at this point that many of these reported ADRs are usually of mild and short duration. This does raise the issue of what to classify as "mild" or "severe" in terms of ADRs, and some

authorities have attempted to categorise them in terms of varying levels of clinical significance. Table I lists those drugs which have been identified as commonly causing recognised ADRs.

Mechanisms and types

There are two basic categories of adverse drug reaction, so called type A and type B reactions. Type A reactions (augmented) form part of the pharmacological profile of the drug concerned and can occur in any patient. Type B reactions (bizarre) are more idiosyncratic in nature, and usually unrelated

to the known pharmacology of the drug. This type of ADR tends to affect only susceptible people. Table II illustrates the main differences between these two types of ADR.

Type A reactions account for about 75 per cent of all ADRs, and are an extension of primary pharmacology in most cases, or sometimes secondary pharmacological actions unrelated to the prescribing goal (Table III). All type A reactions are dose dependent and predictable (usually) from pharmacological models. In addition, quantitative pharmacokinetic and pharmacokinetic changes will

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Falcon, the hairspray for the independent chemist



1992 sees Falcon Hairspray for Men flying high in the male market with a range that is right in keeping with today's style-conscious man and the woman who buys for him

The male market is now firmly established as a growth area that offers the independent chemist an excellent opportunity for incremental sales at good profit margins. More and more men are purchasing their own grooming products — and they are proving to be discerning consumers. But which product areas and brands in this proliferating market represent really good business for a retailer with limited shelf space?

Men's hairspray is one of the longest-established sectors of this market and represents a healthy and important 25 per cent share of the male hairdressing market. The hairspray a style-conscious man selects must give control without stickiness and it must have a long-lasting hold that takes the user right through his busy day.

Falcon Hairspray for Men is the fastest growing male hairspray currently at an

outstanding 12 per cent year on year*.

The reason for this exceptional performance? Quite simply, it gives its 20-40 year-old target user exactly what he is looking for in a hairspray: effective hair control. Growth is predicted to increase with the replacement of Falcon Normal Hold by a Firm variant, in answer

to consumer demand for increased hold. Falcon Hairspray for Men is presented in a stylish, totally masculine pack that reinforces its commanding position in the male hairspray market. The striking Falcon cans have each variant clearly colour-coded: Extra Hold identified by red, Firm Hold by bright green.



Extra value Falcon

The two Falcon variants Firm Hold and Extra Hold, are available in 200ml and 300ml sizes. And now the popular 200ml is available in case sizes of six — for the independent chemist who wants to give his consumers the choice and selection they demand, but who doesn't wish to commit to larger, space-consuming cases. And from the end of April through early summer, Falcon will be offering the consumer extra value. On the 200ml size 25ml extra volume will be given

free and on the 300ml can an extra 50ml.

Falcon's identification of consumer needs has always been a key feature of the brand and is the reason why, in a fickle and style-conscious market, it has always been among the leaders. The quality of formulation is a hallmark of SmithKline Beecham, manufacturers of the Falcon range. Independent chemists can stock this range with confidence, knowing that shelf offtake will continue to be maintained, unlike that of other major players in the market — and knowing that their own requirement for smaller, more convenient case sizes has been recognised.

Falcon Hairspray for Men recommended retail prices: 200ml £1.27, 300ml £1.85.

SmithKline Beecham Health & Personal Care UK, SB House, Great West Road, Brentford TW8 9BD. Tel: 081-560 5151.

Source: *Nielsen SDC Data Sept/Oct 1991

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contribute to type A adverse drug reactions.

On the other hand, type B reactions can rarely be predicted from pre-clinical trials and are apparently unrelated to the anticipated pharmacology of the drug in question. Most ADRs of the gastro-intestinal tract are of the type A variety.

There may be several broad cases of type A ADRs. Pharmaceutical causes will include such variables as tablet/capsule excipients (as in the well documented cases of altered bioavailability in generic preparations of phenytoin and digoxin). New delivery systems have also been implicated in causing ADRs, as in the Osmosin controlled release formulation which resulted in local GIT toxicity linked with the tablet's indomethacin release properties.

Pharmacokinetic causes may be linked with individual differences leading to variation in intensity of drug action. For instance, increased absorption or reduced elimination may lead to enhanced plasma levels and the emergence of drug toxicity. Alteration of GIT absorption (eg mucosal diseases) or in GIT transit time (for example metoclopramide or antimuscarinics — these drugs may affect the absorption profiles of other concurrently administered drugs). Rates of metabolism may also vary between individuals, and variables such as diet, smoking, alcohol consumption or genetic anomalies can considerably affect metabolism and hence plasma levels.

Around 20-30 per cent of all ADRs affect the gut. Many authorities feel that this figure is an underestimate. Although all drugs have the potential to produce ADRs on the gut, only a few drugs are responsible for the vast majority of them. ADRs of the GIT include nausea, dyspepsia, vomiting, ulceration, bleeding of the gut lining, alterations in absorption, motility and gastric emptying. ADRs can be split into symptoms with no pathological changes to the gut, such as nausea and vomiting and others causing such changes, eg ulceration.

Because ADRs which affect the GIT can cause unpleasant and painful symptoms they have been indicated as factors which affect patient compliance. This may be especially so in the community where, unlike in hospital, patients may not feel they have immediate access to healthcare professionals for advice. However, the pharmacist is often consulted by patients about GI symptoms which the patients may not recognise to be ADRs, and an essential part of any such consultation would be to identify any medication being taken which could cause such effects.

The oesophagus

ADRs which affect the oesophagus include diseases such as ulceration and stricture. Oesophageal transit time for

Table I

Adverse Drug Reactions

Metoclopramide	dystonia/Parkinson's	1/210
NSAI	dyspepsia/ulcer	1/1000
Phenylbutazone	aplastic anaemia	1/10,000
Sympathomimetic aerosols	arrhythmias (sudden death)	1/1000-1/10,000
Chloramphenicol	aplastic anaemia	1/6000
Halothane	jaundice	1/10,000
Stilboestrol	vaginal cancer (siblings)	1/10,000
OCs (combined) (if smoking)	deep vein thrombosis myocardial infarct embolism	1/10,000 1/10,000 1/20,000

Table II

	TYPE A	TYPE B
Pharmacology	augmented	bizarre
Predictability	usual	uncommon
Dose dependency	usual	uncommon
Morbidity	high	low
Mortality	low	high

Table III

1. Extension of primary pharmacology

anticoagulants	— bleeding
hypoglycaemics	— hypoglycaemia
beta-blockers	— bradycardia

2. Secondary pharmacological actions.

neuroleptics	— antimuscarinic
cimetidine	— gynecomastia
anticonvulsants	— enzyme induction

dosage forms may be affected by the type and weight of the dosage form as well as patient posture and drink volume. Lightweight dosage forms such as doxycycline capsules may remain in the oesophagus longer and cause these symptoms. Tetracycline and clindamycin are often associated with oesophageal ulceration. Patients should be advised to take any tablets and capsules while in an upright condition and with plenty of fluid. Opportunist local *Candida* infection may be induced by the broad spectrum antibiotics.

Nausea

Nausea and vomiting are common ADRs. Some drugs such

as cytotoxics nearly always produce these symptoms. Other drugs do this more rarely and this may depend on an individual's response to the medication. Digoxin, opiates and oestrogens may cause nausea and vomiting and in the case of digoxin, nausea is often the first sign of toxicity. With other drugs tolerance may occur so that the symptoms disappear after the drug has been taken for a few days.

The stomach

Gastric emptying may be delayed by antimuscarinics and opiates and increased by domperidone and metoclopramide, interfering with the absorption of other

drugs. Potassium salts have been shown to produce upper GI tract lesions, which include oesophageal in addition to stomach lesions.

By far the most common ADRs affecting the stomach are gastric bleeding and ulceration. Of all the classes of drugs which cause this, the non-steroidal anti-inflammatory drugs (NSAIDs) and salicylates are the most commonly implicated. This may be due to their widespread use. It has been shown that inhibition of the prostaglandin-forming enzyme cyclooxygenase, which results in the anti-inflammatory action, results in an impaired ability of the stomach lining to resist acid attack, leading to bleeding and ulceration. Symptoms may range from the discomfort of dyspepsia to severe pain and blood loss. Around 6-30 per cent of patients taking salicylates complain of dyspepsia, and there is a clear association between the prolonged use of large doses of aspirin and gastric bleeding. It is more common in the elderly and may be due to altered pharmacokinetics. With the high level of use of these drugs, community pharmacists should bear them in mind when patients report symptoms of dyspepsia, abdominal discomfort, etc.

Small intestine

The motility of the small intestine may be reduced by antimuscarinics and opiates and in some cases paralytic ileus may result. Local damage, possibly leading to ulceration, may also occur with slow release preparations, notably slow or controlled release potassium. Another ADR associated with the small intestine is malabsorption, and this may occur in two ways. The first is when drugs form non-absorbable complexes, such as the insoluble complex between tetracycline and calcium. The second is by affecting GI functioning leading to a malabsorption syndrome, as with colchicine, neomycin and methotrexate. Neomycin, for example, interferes with the absorption of fat and fat soluble vitamins causing deficiency

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Table IV

	DRUG/DRUG TYPE	ADR
Oesophagus	Light-weight dosage forms Antibiotics	Ulceration and stricture Local Candida infection
Stomach	Antimuscarinics, opiates Domperidone, metoclopramide NSAIDs K ⁺ salts Digoxin, oestrogens opiates, cytotoxics	Decrease gastric emptying Increase gastric emptying Bleeding of gut mucosa, dyspepsia, ulceration Upper GIT lesions Nausea and vomiting
Small intestine	Antimuscarinics, opiates Slow release preparations K ⁺ , colchicine, neomycin, steroids	Decreased motility leading to paralytic ileus. Possible ulceration Malabsorption syndromes.
Colon	Broad spectrum antibiotics Ampicillin, amoxycillin, metronidazole, clindamycin and others Digoxin, Mg antacids, sulphasalazine, Antimuscarinics, opiates, Ca and Al antacids.	Diarrhoea (superinfection) Pseudomembranous colitis leading to bloody diarrhoea Diarrhoea. Constipation

Brylcreem Sensus celebrates a year of success

Manufactured by SmithKline Beecham Personal Care, the Brylcreem Sensus range draws on all the know-how used to maintain its Williams range as France's brand-leading male toiletries brand Jonathan Sully, senior product manager for Brylcreem explains: "With Sensus, we offer men a range of co-ordinated shaving and after-

Ever since it was launched in April last year, the Brylcreem Sensus range of shaving products for men with sensitive skins has firmly established itself as a major player in this rapidly growing sector of the male toiletry market. The secret of its success? Pure product efficacy!

(helps retain the skin's natural moisture). The result is a compact, co-ordinated range of shaving foam, shaving gel, after-shave mousse, after-shave gel and moisturising cream — five items that add up to a smooth, comfortable shave that protects and nourishes facial skin.

£750,000 on TV

The gentleness of the brand, as well as its efficacy, are creatively portrayed by the Brylcreem Sensus TV campaign which will be aired again this year with a £¾m spend. "Our aim was to devise a campaign that was relevant to the Sensus target consumer, using natural male/female relationship to illustrate the brand's efficacy," Jonathan Sully points out.

The setting is sultry, conveying with a touch of humour the start of a perfect day. The brand's gentleness is portrayed by the soft touch of a woman's fingertips as she carefully shaves her drowsing partner. Use Sensus, the commercial implies, and shaving becomes a sensuous, enjoyable experience that pampers the skin. It is this reversal of the shaving routine — so long associated with pain and discomfort — which Jonathan Sully believes is converting more and more men each day to Brylcreem Sensus.

This pro-active, serious positioning is highlighted by the stylish, understated packaging with its clean white background and clear blue graphics. The design emphasises the brand's strong heritage and its forward-looking positioning as a skincare range designed specifically for men. The quality of the range is visually implied in a contemporary manner designed to attract those men whose expectations are becoming increasingly more sophisticated and demanding.

Sensus works!

Jonathan Sully concludes: "The brand's message is clear: 'Sensus works. Use it.' And sales figures prove that it is being heard, and acted on, by a significant number of men. I'm confident that we shall soon match Williams' performance in France — and there it is number one."

SmithKline Beecham Health & Personal Care UK, 5B House, Great West Road, Brentford TW9 9BD. Tel: 081-560 5151.



shaving products that really work. The hypo-allergenic position is an extremely strong one for the thousands of men for whom shaving is a daily chore! They're just not prepared to put up with the pain and inconvenience of rashes, nicks and shave burn that's not only extremely uncomfortable, but also makes them look as if they've slept in a bed of nettles the night before."

The demand is there, and is proved by the significant performance the Brylcreem Sensus range has displayed these last 12 months. Jonathan Sully believes that the next step is building further awareness through continuing advertising support and by encouraging chemists and pharmacists to recommend the range to those men, and the women who buy for them, who claim to have

sensitive skin — and that is over 40 per cent of all adult males.

The product formulations are designed to appeal to the core market of young 24-35 year-old men who prefer the convenience and efficacy of gel and foam, while the specially selected ingredients feature effective, non-irritating properties such as athermole (to soothe and protect), allantoin (for irritated skin) and glycerine,

The 29 year old meat delivery man had his wisdom teeth out three weeks ago, since when he has had constant pain due to infection. A course of penicillin V plus metronidazole was unsuccessful. He says the specialist at the hospital has put him on new antibiotics and some more pain killers. These, he adds, didn't work last time so have you got anything stronger? And, while you're there, can he have some more Ventolin and Becotide inhalers until he sees his doctor!

Age of patient 12 years		Initials and one full forename	
vrs mths		Address	
No. of days treatment NB Ensure dose is stated		NP	Pricing Office use only
<p>Dihydrocodeine 30mg 1qds m20 Ciprofloxacin 250mg 1bd 7/7</p>			
Signature of Doctor		Date	

continued from p524

states, and other drugs (methotrexate) interfere with folate absorption. Steroids have been shown to interfere with calcium absorption which can be related to an increased incidence of osteoporosis.

The colon

ADRs which affect the colon may be produced by drugs used to treat conditions of the colon or by drugs used in other treatment. The main ADRs are diarrhoea, colitis and constipation. Broad spectrum antibiotics alter the balance of normal intestinal flora allowing the emergence of opportunistic infections which result in the occurrence of diarrhoea.

Of a more serious nature is the development of pseudomembranous colitis, which has been associated with the use of clindamycin,

ampicillin, amoxycillin, cotrimoxazole, and metronidazole. The condition is characterised by bloody diarrhoea and is believed to be caused by overgrowth of *Clostridium difficile* and the production of a toxin which damages the mucosal lining of the gut.

Antacids containing magnesium salts can produce osmotic diarrhoea; digoxin, propranolol, methyl dopa and sulphasalazine can also induce this side effect.

Constipation occurs frequently during treatment with antimuscarinics, opiates and other antiparkinsonian drugs such as levodopa. The symptom is commonly associated with tricyclic antidepressants, possibly because of some intrinsic antimuscarinic effect. Aluminium and calcium-based antacids may also produce constipation, as can iron salts,

especially in pregnant women who may be more predisposed to constipation anyway.

Laxative abuse

It is believed that around 30 per cent of patients in the UK aged over 60 frequently and regularly use stimulant laxatives, such as senna and bisacodyl. Overuse of such drugs is associated with change in normal bowel habits, both as constipation and diarrhoea, and patients may be unaware of the damage they are doing to the gut. Watery stools produced by laxatives can eventually result in hypokalaemia and weight loss. Laxative abuse is also associated with anorexia nervosa.

While community pharmacists may not be in a position to confirm many of these ADRs, they are able to recognise possible ADRs, offer advice on treatment and refer where necessary.

Q

1. What problems do you foresee from this prescription?
2. Can you suggest an alternative analgesic?
3. What other courses of action are available?
4. Can you suggest anything else?

A

1. Both dihydrocodeine and ciprofloxacin may impair driving ability, particularly in combination. Both also have additive effects with alcohol. There is a theoretical risk that opioids which, like dihydrocodeine release histamine, may provoke an asthma attack, though this appears to have caused no problems here.

2. Nonsteroidal anti-inflammatory drugs are usually effective against dental pain but, considering the history of asthma in this case, it is inappropriate to counter-prescribe ibuprofen. Aspirin is unsuitable because it may increase the risk of bleeding. Other opioids, including dextropropoxyphene and meptazinol, offer little advantage over dihydrocodeine in this case. Nefopam is a possible alternative, though its anticholinergic effects might prove troublesome. Paracetamol alone is unlikely to provide adequate analgesia but there is some evidence that its effects may be additive to those of dihydrocodeine.

Ibuprofen would be the best bet, so it is worthwhile contacting the GP to check whether there is any record of this man using NSAIDs without problems.

3. Ciprofloxacin is not usually an early choice for dental infections though it appears to have been prescribed on specialist advice. The specialist may also have identified an alternative which is safer for a regular driver to take. If not, it might mean a week off work: it could be unsafe to drive and you should advise him accordingly.

4. Make sure that he is using a mouthwash regularly and instruct him to avoid alcohol while taking drugs. It might also be useful to check his compliance with the first course of antibiotics — some people stop taking metronidazole because of its interaction with alcohol.



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The British black beauty market is still in its infancy by American standards, but manufacturers are optimistic about its potential. In this specialist area clued up pharmacists should be well placed to cash in on this growing market and give their ethnic customers a better service, writes Sarah Purcell

FOCUS ON

colour

The UK black beauty market is often compared unfavourably to the American scene, referred to as its "poor relation". Like most generalisations, there is a grain of truth in this attitude. Most of the products that are available for ethnic consumers are manufactured and imported from the States — only a couple of companies make their products in the UK.

While the US market is far more developed, the British market still has plenty of room for growth. At leading cosmetics house Fashion Fair, vice-president of sales Michael Bellamy says the company has reached only 40 per cent of its potential in the UK. "We should be operating at our full potential in about five years," he predicts. The company's sales are up 35 per cent on last year's figures and a 25 per cent increase is predicted for this year.

There are many conflicting views on the size and value of the UK ethnic market, since black consumers often use a mix of specialist and general purpose products. However, the value of the entire market is estimated at £30 million, with haircare accounting for about £20m of that.

According to *Black Beauty & Hair* magazine, the major companies have reported an increase in turnover in the last year, despite the recession. Dyke & Dryden, the largest wholesaler of ethnic beauty products in the UK, report increased distribution over the last year, particularly in the retail sector.

Growing market

At premium cosmetics house Flori Roberts, chairman Douglas Da Costa says the UK black cosmetics market is much smaller than people believe, since few of the major cosmetic houses have produced specific lines for ethnic consumers. However, he claims: "It's about the only market that has increased business in the last year, mainly because of better instruction. We have held our figures from the previous year, which means effectively that we've increased home trade, since the Gulf War put off most of our foreign trade." Flori Roberts have no plans to service the Caucasian market. "Our customers are proud of the fact that this range is made especially for them," says Mr Da Costa.

The fastest growing areas in the industry are haircare, with chemical processing becoming more and more widespread and natural hairstyles remaining unfashionable, and male grooming, particularly depilatory shaving products and hair styling products. Another area to watch is products for children, which saw several launches in the past year, including Baby Love from American leader Soft Sheen, comprising conditioning shampoo, de-tangler and moisturising creme hairdress.

Considering that black consumers spend about three times as much as their white counterparts on personal appearance, it seems strange that relatively few pharmacies stock ethnic ranges.

Lack of stockists

Most manufacturers, as well as consumers, agree that there are not enough outlets stocking black beauty products in the UK. As many of the products are highly specialised and consumers may often need advice, pharmacists would seem well qualified to stock ranges for ethnic consumers.

At Fashion Fair Michael Bellamy says that many pharmacists object to the prices of ethnic products — they seem to expect them to all be mass-market. Also, they don't believe that black consumers spend more on their personal appearance, says Mr Bellamy. However, the company does 15 per cent of its UK business in independent pharmacies and 20 per cent in Boots. Mr Bellamy's advice to pharmacists who are considering stocking ethnic products is: "Ask your customers what they would like to see on sale." The company offers

training for all stockists.

At Flori Roberts about one third of business goes through pharmacies. Mr Da Costa says it is essential for the assistant or pharmacist to be well trained: "Effectively you need more knowledge of the subject than the customer". The company provides free staff training and has a large selection of consumers leaflets and point of sale material.

Pharmacy scope

At Dyke & Dryden Mr Malary believes that pharmacy is a major potential growth area for the ethnic market, although currently not enough are prepared to stock the products. "Pharmacists need to understand the profitability of these products," he says, "and they also need to know what products to stock, depending on their clientele."

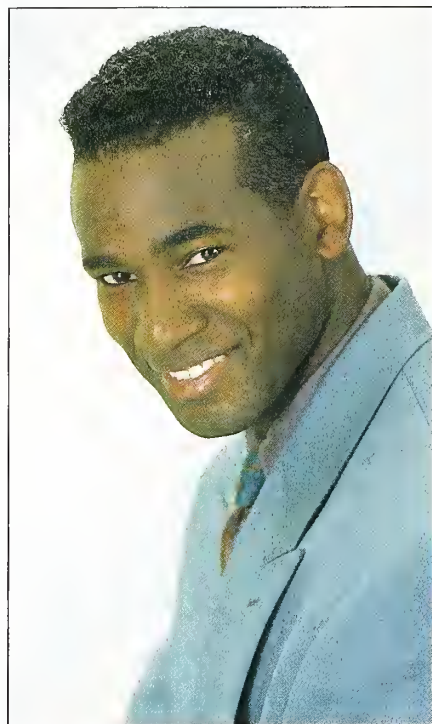
Mr Malary's advice to pharmacists is: "Approach this market with the same respect you would give to any other area of your business and apply the same marketing strategies." The company offers staff training.

In America the black beauty market is large, well established and very profitable. According to *Black Beauty & Hair* magazine the UK is not too far behind, but we lack their technical expertise. Most of the products that we see in the UK are imported from the States. Mr Malary at Dyke & Dryden explains the reason for this is that British consumers see American products in magazines. They perceive the American lifestyle for black people as easier than it is over here. They believe it offers more opportunities, and American products are associated with this image.

According to Mr Da Costa at Flori Roberts the UK is very slowly catching up with the US. "The markets are quite different though — they don't have the African or the Asian sector over there. In America there is a much larger number of black executive women, who spend a lot on personal appearance."

A major difference between the two markets is controlled distribution. In the UK, Mr Malary points out, you can buy a relaxer almost anywhere. In the US products containing these potentially harmful chemicals can be sold only in supervised outlets.

Continued on page 530



Courtesy Luster Products



Making waves

The ethnic haircare market has been named as the fastest growing sector. With black customers spending far more than their white peers, pharmacists should seize the opportunity to service the market

Natural hair is out, and likely to remain unfashionable for the foreseeable future. African Caribbean hairstyles are becoming increasingly sophisticated, with complicated and glamorous styles being achieved with the help of relaxers, curly perms, weave-ons, extensions and wigs. According to Luster Products, the average black consumer spends between £5 and £10 on haircare products at a time.

At Dyke & Dryden Mr Malarly has noted that perms have moved to a much looser wave pattern, giving more styling options. He divides the perm sector into three areas - wet curls, dry curls and body perm. "The size of the perm sector has remained constant, but it has diversified." The trend for relaxers has remained constant, though the condition of the hair has become more important. There has been an upswing in accessories, with many more extensions, wigs and weave-ons being used, as well as colourants. Mr Malarly, himself an American, points out that British black men are far more creative with their hair than their US peers. The company supplies some 1,300 products for about 600 manufacturers. They have two own-label haircare products.

Wig appeal

At *Black Beauty & Hair* magazine they too point to wigs and extensions as the biggest growth areas to watch, along with relaxers. At D-Orum Hair Products they cite the two main trends as the Sixties look and the short sharp cut.

According to a survey conducted among black consumers by WM&P Research, hair relaxers were used by a third of respondents and perms by a quarter. Women were found to show more of a preference for specialist ethnic shampoos and conditioners than men - TCB shampoo was used by 11.3 per cent of respondents and Sof 'n' Free conditioner was used by 10 per cent.

At M&M Cosmetics sales and marketing manager Husein Mawji says the UK ethnic haircare market is limited in size and overcrowded. "As a result, growth and related opportunities are also limited". The company makes three ranges of haircare products - Sof 'n' Free, Sta-Sof-fro and Curly Perm. M&M recently launched the Total Control Relaxer System, which includes S Control Texturiser Creme, which creates waves and textured-look styles, particularly for men.

Relax!

At D-Orum Hair Products they report a 14 per cent increase in sales for their main products Leisure Curl and Relax with Leisure, their newest product. Also new is Silky Protection, a light, silky moisturising lotion which contains aloe vera, jojoba and vitamin E to protect hair from damage.

D-Orum have just brought out the Gentlemen of Leisure Texturising Kit, containing sodium hydroxide texturiser, neutralising shampoo, leave-in conditioner and wave & curl activator (£3.50).

The company holds twice yearly seminars for hairdressers and is prepared to do the same for pharmacists.

New from Hollywood Dream is Braid & Weave De-tangling Sheen, a non-greasy moisturiser and conditioner to keep braids and weave-ons soft and tangle-free (250ml

£1.90). New from Afco is Gro-Aid No-Rinse Placenta hair lotion, a light liquid which penetrates the hair roots. It can be used as a daily treatment.

Luster Products are repeating their S-Curl Manhunt competition this year. Entrants need to submit a photograph of themselves together with one proof of purchase of an S-Curl product.

New products from Luster include a 10oz Pink Oil Moisturiser hot oil treatment, 4oz Creme Hairdress with Grocomplex 3000 and 4oz Conditioning Shining gel with style control. For children the company is relaunching their PCJ original formula relaxer kit. It will be supported by Press advertising, a radio campaign and in-store promotion. To help pharmacists better understand the product range, Luster have technical consultants who offer training. Product information sheets, display units and posters are available from distributors.

All Ways Natural, who claim to be the first company to produce a herbal-based range for black consumers, have introduced 999 Emergency Hair & Scalp Treatment, a leave-in conditioner designed for wet or dry hair. It can be used on hair that is relaxed, colour-treated, curled or damaged. Ingredients include Indian Hemp, camomile, nettle, yarrow and lavender.

Also new is Break No More, a light hair dressing cream for dry, brittle hair that has been chemically treated.

Courtesy Luster Products

Hairstyles

Afro or natural: untreated hair
Corn rows: hair plaited to the scalp
Curly perm: creates ringlets of various sizes

Relaxed hair: chemically straightened hair
Pressed hair: heat treated to remove natural curls

Extensions: human or artificial hair is plaited in with natural hair. A variety of long and short styles can be achieved.

Weave on: human or artificial hair is attached to natural hair to achieve a variety of looks. May be sewn, clipped-in, glued or heat-sealed

Hair products

Curl activator: daily conditioner for reviving curly perms

Hairdressing creams/oils or "grease": oil-based conditioner used daily to soften styles, prevent breakage and keep hair in place

Oil sheen: light oil-based product to add shine

Pressing oil: Light oil-based product to prevent hair damage when using heated appliances

Courtesy All Ways Natural



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Creative colouring

Bright reds, burning oranges and hot pinks are colours that look good on dark skins. But that is by no means the full story when it comes to black beauty...

Diana Ross and Naomi Campbell have done a lot to help the black beauty market, according to Mr Da Costa at Flori Roberts. "Prejudice from some black males on the use of make-up has been overcome and it is now quite acceptable for black women to wear it," he says. The black cosmetics market is catching up, and will eventually pass the Caucasian market, he believes, helped by current fashions for a more natural look, requiring less make-up. However, to an extent the market is following the fashion, with the appearance of more muted, matte shades such as browns and bronzes.

Romantic addition

The new Spring collection from Flori Roberts is called the Romantics, and features bronze, gold and brown shades for eyes and red, fuchsia, orange and beige for lips and nails.

The main difference between a black and a general purpose range is the foundation shades, says Mr Da Costa. The formulation needs to be oil-free and water-based and the choice of shades larger, he explains. Colour cosmetics need to be much more vivid — pastels will be lost on dark skin.

At Fashion Fair Mr Bellamy says the company sells much more treatment make-up in the UK than in America, while the more vivid colours are popular over there. He believes that many of the major cosmetic houses are bringing out brighter shades with darker skins in mind - "They see it as an untapped market, and while the Caucasian market favours wearing less make-up there is more potential with the black sector".

Fashion Fair have plans to introduce new shades for colour cosmetics this year, together with a broader range of treatment products and a fragrance.

At Lenthéric cosmetics are not specially formulated for black consumers, but they

do produce a range of vibrant colours for lips, cheeks and eyes that are suitable for dark skins.

Kolmar cosmetics produce a range of non-comedogenic make-up, since some dark skin types are prone to acne. They produce a matte finish foundation in nine shades, and colour cosmetics for lips, cheeks and eyes.

Cosmetics manufacturers Cosmetics Plus say the black beauty market is growing at some 15 per cent a year. But black consumers are still reporting a general lack of variety in make-up products suitable for their skin.

Courtesy Flori Roberts



Lenthéric produce bright shades suitable for dark skins

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Finest Quality Cocoa Butter	Helps prevent stretch marks and soothes dry, ashy skin
Vitamin E	Helps remove and heal scars, marks and blemishes
Sunscreen	Protects against the sun's damaging U-V rays



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FROM THE PEOPLE WHO
KNOW YOUR HAIR, SKIN AND CARE

Body beautiful

While skincare may be optional for white consumers, it is almost essential for African Caribbeans. But the most popular products are still those based on traditional ingredients

Skincare is important to black consumers. To avoid dry, flaky skin and an ashy appearance a daily cleansing and moisturising bodycare routine is essential. While white customers worry about blemishes, black consumers are concerned about concealing uneven skin tones, which are quite common. At Flori Roberts, Mr Da Costa cites larger pores being the main difference between black and white skins.

Oil-free solution

The company produces a range of oil-free skincare products specially formulated for black skins. Flori Roberts also produce DermaBlend cover and concealer cream,

which can be used on every shade of skin.

A WM&P survey revealed that Palmers Cocoa Butter was the most popular brand, accounting for a third of sales. It comes in solid or lotion formula. Manufacturer E.C De Witt predict a 4-5 per cent growth for the black skincare market between 1992 and 1995.

New from American Dream is Fair Mist skin brightening cream, which contains vegetable extracts but no hydroquinone or bleach. Suitable for all over use, it contains UV filters. It is distributed in the UK by Sahney Natural Products. Sta-So-Fro entered the skincare market last year with two cocoa butter products.



Palmers Cocoa Butter, which softens dry skin, is popular with ethnic consumers

Black beauty on show

The tenth Afro Hair & Beauty exhibition will take place on May 24-25 at the Business Design Centre, Islington Green, London N1. Doors are open from 10am to 7pm on the Sunday and 10am to 6.30pm on the Monday.

The event will be sponsored by Dyke &

Dryden. For further details contact the organiser Claire Jackson (tel: 081-801 2169). Entrance fee is £7 for adults and £3 for accompanied children under 12.

Exhibitors will include Proline, World of Curls, Luster Products, D-Orum, Soft Sheen, Jerome Russell Cosmetics, M&M and TCB.

Skin deep

While white women, in spite of the health warnings, still strive for darker skin, for many black women, paler skin is desirable. Helped by the fashion for lighter skinned black models, black women are encouraged to aspire to a white image of beauty.

Four years ago, soaps containing mercury, which black women used to lighten their skin were banned, following the horrific scarring which they caused. The banning of mercury products in the UK simply gave way to skin lighteners containing another potentially harmful ingredient, hydroquinone, mainly imported from Africa.

Damaged for life

According to dermatologists, creams that contain hydroquinone will lighten black skin initially, but in the long term it will become much darker and lumpy in appearance. These changes are irreversible.

Creams which contain hydroquinone must be labelled, stating the product is potentially harmful. However, a recent Thames Action television report revealed at least eight products available on the market which break these labelling regulations.

The maximum quantity of hydroquinone in skin lightening creams is 2 per cent. The report revealed several products which contained 60 per cent more than this. The warehouse which was supplying some of these illegal products was raided and the creams seized, but pharmacists are urged to be cautious when stocking skin lightening creams and to check they are legal.

According to Mr Malary at Dyke & Dryden this problem is less prevalent in the US. At Flori Roberts Mr Da Costa says he has seen a number of customers who have had their skin badly damaged from using skin lighteners. He helped Thames Television with research for their documentary on the subject. When asked why people would want to inflict such damage to themselves, he replies: "Why do white people want a tan?"

Names and numbers

All Ways Natural
(distrb. Afro Cosmetics): 081-900 2139
Cosmetics Plus: 0237 471771
E.C. De-Witt Ltd: 0928 579029
Double Gee: 081-4599 2046
D-Orum: 081-802 4241
Dyke & Dryden: 081-801 7321
Flori Roberts: 071-229 4224
Fashion Fair: 071-581 5149
Kolmar Cosmetics: 0530 414281
Lentheric: 0276 62181
Luster Products: 081-441 4036
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Businessnews

Ciba-Geigy shape up

For the first time Switzerland-based Ciba-Geigy have announced their annual results in London. The move marks a symbolic break with the past for the formerly secretive healthcare, agriculture and manufacturing conglomerate.

Ciba-Geigy have also announced a five-for-one share split and a rights issue on "shareholder-friendly" terms.

Sales up 5pc to SFr21b
Post-tax profit up 24pc to SFr1.3b
Earnings per share up 24pc to SFr230
Dividend SFr65

The company have achieved a 5 per cent sales increase in local currencies to SFr21 billion. Advantageous exchange rates, which the company does not expect to continue, pushes this up to 7 per cent. Post-tax profits are up 24 per cent to SFr1,280m while earnings per share have improved some 24 per cent to SFr230.

The company is in the process of an extensive restructuring programme in an attempt to make it more commercially flexible, and against this background Dr Alex Krauer, Ciba's president and managing director, regards the results as good.

In the healthcare division, pharmaceutical specialities have recorded a 9 per cent rise in sales to SFr5.8 billion, while self-medication products are up 14 per cent and diagnostics up 12 per cent. Overall the division has increased turnover by around 10 per cent in 1991.

The share split and rights issue are both subject to approval of the company's annual meeting on May 6. The Ciba board aims to issue the additional shares at around two-thirds of the ruling share price at the time of the offer. One new share will be offered for every 25 existing shares.

Boots sales staff get 7pc

Boots have given their general sales assistants a 7 per cent pay rise, effective from April 1. This means an increase from a minimum £118.50 to £126.80.

Senior assistants have been given an increase of 7.5 per cent.

A spokesman for Boots told C&D: "Boots have always felt that perhaps sales assistants are not always placed within the market as they ought to be. We felt we needed to let the staff share in the success of Boots".

Glaxo set up pharmacy division

Glaxo has set up a pharmacy division to call on community pharmacists using members of the company's existing ethical fieldforce.

Additionally they have announced a free "hot-line" (0800 221441), to which pharmacists can direct their commercial queries, or requests for a visit by a representative.

The company is also planning to hold a series of meetings with community pharmacists during April to "gain valuable feedback about how we can work together".

Glaxo managing director Sean Lance says the representatives have been given special training. "In the past, only those companies marketing OTC preparations found it necessary to establish a team with expert understanding of pharmacists... However, we recognise that the market place is changing. Pharmacists are developing an increasingly important role in the provision of healthcare, as key members of the primary healthcare team."

Mr Lance says the team will communicate products and their benefits as well as developing a better understanding of commercial

transactions from a pharmacist's perspective.

"The recent report of the DoH working party on the role of community pharmacy is a key pointer to the future. The enhanced professional role of pharmacists, together with our distribution arrangements, patient expectations and ongoing change in the NHS, made it essential for Glaxo to establish a closer and more direct working relationship with pharmacy," says Mr Lance.

● Glaxo have issued a statement saying they greatly regret the recent stock shortage affecting a number of products which has put pharmacists in a difficult situation when facing patients and GPs. "We have done everything we can to ensure the situation is resolved as quickly as possible and it is now very near normal."

"Glaxo continue to have supply difficulties with Efcortelan Soluble, Eumovate-N eye drops and Trimovate cream; however Trimovate cream is in stock."

The company's medical information department is available on 081-990 4951 to advise on alternatives until mid-April when Glaxo say all outstanding orders should be covered.

Lloyds win Macarthy

Lloyds Chemists have won control of Macarthy at their second attempt. The bid has gone unconditional and the offer is to remain open until further notice.

Allen Lloyd said: "I am delighted by the conclusive response of Macarthy shareholders. I urge shareholders who have not already done so to accept our offers as soon as possible."

When the offer deadline closed Lloyds had 79.2 per cent of the ordinary shares. The bid became a one horse race once Unichem decided not to compete.

With addition of the Savory & Moore shops, including John Bell & Croyden, Allen Lloyd now has a total of 1,280 stores.

A spokesman for Lloyds Chemists told C&D: "The changeover began on Monday morning. These things move quickly once they are started, the priority will be to get Macarthy's profits up to the level of Lloyds." Last year Lloyds made a profit of £15.4m, up 88 per cent on 1990.

The Macarthy board, headed by Ian Parsons, are to leave the company after a handover period.

The cash alternative in the Lloyds offer was taken up by the holders of just 40,896 shares. Lloyds controlled a total of 22,129,674 shares before the offer went unconditional.

Kingfisher keep head above water

Kingfisher, the group that owns the Superdrug drugstore chain, have reported pre-tax profits up 3 per cent to £221.8m. Chairman and chief executive Geoffrey Mulcahy said: "It is a testament to the strength of Kingfisher that, despite extremely difficult trading conditions, profits have risen £221.8m before tax and exceptional items."

Turnover for the group improved 6 per cent, up from £3,117.1m in 1991 to £3,301.6m.

For the Superdrug businesses, sales rose from £520m to £559m, though operating profits barely moved, rising £100,000 to £34.6m.

Some 23 new Superdrug stores were opened last year making a total of 660 and the company is planning a further 27 new stores this year.

Kingfisher say Superdrug has increased its market share in toiletries from 7.8 to 8.4 per cent.

For the company as a whole, earnings per share are down from 42.1p to 35.2p, while pre-tax profits after extraordinary items are taken into account actually fell, from £252.5m in 1991 to £227.7m for the year to February 1992. Total dividends for the year are 13p.

Medeva profits grow with business

Preliminary full year results for Medeva show a 317 per cent increase in pre-tax profits on turnover up 57 per cent.

Sales up 57pc to £82.4m
Pre-tax profit up 317pc to £16.7m
Earnings per share up 147pc to 8.4p
Total dividend up 100pc to 1.5p

Bernard Taylor, the Medeva chairman, says: "These excellent results arose both from organic growth in our established

businesses and the effect of several acquisitions during the year." Medeva have bought Adams Laboratories in the USA, Wellcome's vaccine business and MD Pharmaceuticals during the course of the year.

In his chairman's report, Mr Taylor says: "Medeva's strategy comprises three interrelated elements. Firstly, the acquisition of a range of branded and speciality prescription products; secondly, the internationalisation of our business,

and thirdly the building of a portfolio of short lead-time product developments."

The result has been net profit before tax of £16.7 million on sales of £82.4m, compared to £4m and £52.7m in 1990.

Earnings per share for the company are 8.4p for 1991, against just 3.4p the previous year. A final dividend of 1p has been announced, bringing the total dividend for the year to 1.5p, 100 per cent up on 1990.

Nielsen offer Tories hope

Nielsen Market Research have detected a strengthening view among the electorate that the NHS is improving.

In the pre-reform days of Winter 1987-88 only 5 per cent of the population thought the NHS was improving while 57 per cent thought it was getting worse. But Nielsen say that since then there has been a slow but steady improvement in people's perception.

Nielsen's latest figures, which cover last Winter, show some 18 per cent of people think the NHS is getting better while only 30 per cent now think it is declining.

These figures come out of the market research organisation's ongoing Measures for Health survey, which is claimed to be the largest continuous examination of health issues ever undertaken in this country.

Nielsen's account director for Measures for Health, Vicki Drummond, says: "What the data is showing is that while concern about the NHS is still very high, the long-term consumer perception has been improving steadily."

Wellcome interims smooth the placement path

At the announcement of the company's interim results, Wellcome were refusing to take questions on their share sale plans (C&D March 7, p366). Yet the figures represent an important step towards the successful market placement of the company's stock.

Sales up 22pc to £891m
Pre-tax profit up 35pc to £245m
Earnings per share up 23pc to 17.5p
Interim dividend up 33pc to 4p

Group sales are up 22 per cent to £891 million with Zovirax and Retrovir sales up 34 per cent and 31 per cent, to £278m and £103m respectively.

Wellcome's chief executive J.W. Robb says that underlying growth for the company is 16 per cent, but more for continuing operations only. Price increases have contributed 3 per cent to sales growth in the company's core pharmaceuticals business.

The earnings growth of 33 per cent is less than the 35 per cent increase in pre-tax profits, as full

rate taxes are likely to be higher for the company this year thanks to changes in the tax regime in the USA. The pre-tax profit figure for the half year to February is some £244.7m, with more than 90 per cent coming from the company's prescription and consumer medicines businesses.

Advantageous exchange rates boosted sales by 6 per cent and pre-tax profits by 11 per cent.

R&D expenditure is up 23 per cent (18 per cent at constant exchange rates) to £127m. This represents the same percentage of sales as in the first half of 1991.

The company has made a net loss on the sale of non-core diagnostic and environmental health businesses of £41.8m, which appear in the results as an extraordinary item. These businesses were not profitable once internal charges had been made, argues Mr Robb, and "when you put businesses up for sale you can't know what price they will fetch".

An interim dividend of 4p has been announced, up 1p since last year.

New NVQs

The National Retail Training Council has announced two new levels of National Vocational Qualification for retailers.

The level 3 qualification has been developed for people with some responsibility for other members of staff such as a supervisor or first level manager. Level 4 is aimed at a department managers or small store managers.

NVQs are different from traditional qualifications, as NVQs are based on on-the-job assessment over a period of time by trained supervisors. The emphasis is on what a person can actually do.

Boots have announced it already has some 320 supervisors for level 3 and is one of the first to be registered to take part in the scheme. The company introduced levels 1 and 2 of the retail NVQ into stores in July 1990.

There is a medicines counter assistant option at level 2 but Boots have not yet registered anyone for it. Despite this, a spokesman for Boots told C&D: "Boots do use the assessment criteria for the option at level 2 and a considerable number of healthcare assistants have met that criteria." The medicines counter assistants option is being looked at by the company, said Boots.

Speaking at the official launch of levels 3 and 4, Gordon Hourston, managing director of Boots, said: "The key differentiator for Boots in the next decade will be the quality of our people. NVQs must be the way forward."

The NPA, which has been involved in the development of NVQs, is hopeful that work will start on the development of NVQs for dispensing technicians.

New Scottish wholesaler

A new independent full-line wholesaler has been launched in Aberdeen to fill the gap left by the collapse of Medicopharma. The initiative has been backed by more than 50 Numark retailers in the area, who have invested their own money in the company.

The wholesaler will be known as Norscot Pharmaceuticals Ltd and will serve much the same catchment area as the old Davidson depot of Medicopharma. Norscot, like Medicopharma, will be a member of Numark.

The managing director of the new business, George Berry, told C&D: "This is one of the last geographical areas where you could open an independent wholesaler and you need the backing of the retailers to do it."

"After the Davidsons depot closed down the local Numark retail advisory board said 'what are we going to do now?'"

"Numark customers could have seen independent wholesaling disappearing in the region."

The management team at Norscot consists of four former Davidson personnel: George Berry is md, Ron Brownhill operations director, Eric Davis sales director and Duncan Cameron finance director.

The company has a £500,000 initial investment, split 60:20:20 between the directors, the retailer investors, and the investment company 3i. The business also has a £1.2m facility negotiated with the Royal Bank of Scotland.

In addition, Grampian Regional Council has backed the business by buying a 23,000sq ft depot and offices on Altens Industrial Estate and leasing it back to Norscot.

"Grampian Region saw it as an opportunity to create 50 to 60 new jobs in the area," said Mr Berry. "Without their support we would have had to find another £750,000."

Norscot will open next Wednesday and serve a region from Brecon, 40 miles south of Aberdeen, up as far as Wick, a spread of some 250 miles, plus the islands. Goods will be distributed by road, rail and air. "We expect to provide a twice daily delivery within a 50 mile radius of the depot and once a day outside that."

Norscot expect to have between 80 and 90 per cent of their lines in stock by the time they begin trading, including ethicals, Numark franchise OTCs and chemists sundries.

Numark's managing director Terry Norris told *Chemist & Druggist*: "The creation of a new full-line pharmaceutical wholesaler has not happened in living memory. The 50 to 60 customers who are personal investors in the new company wanted a Numark option."

Coming events

Tuesday, April 7

Fife Branch, RPSGB, at Anthony's Hotel, West Albert Road, Kirkcaldy, 7.45pm. Annual meeting followed by "The role of the community services pharmacist" by John Ross. Buffet supper.

Leicester Branch, RPSGB, at Gibson's Grey Lady Restaurant, Sharpley Hill, Newton Linford, 7.30 for 8pm. Annual dinner. Details from Michael Burden (tel: 0533 767694).

Leeds Branch, NPA, at the Parkway Hotel, Otley Road, Leeds, 8pm. "Pharmaceutical care, the beginning of the future" by Tim Astill, NPA director.

Moray & Banff Branch, RPSGB, at the Gordon Arms Hotel, Fochabers, 8pm. Annual meeting followed by a training video.

Wednesday, April 8

Isle of Wight Branch, RPSGB, at the Wheatshaf Hotel, Newport, 7.30pm. Annual meeting followed by buffet.

Thursday, April 9

Glasgow Branch, RPSGB in the Green Room, Royal Scottish Automobile Club, Blythswood Square, Glasgow, 7.30 for 8pm. Annual meeting followed by "Mountain rescue in the Cairngorms" by

J.C. Allen, team leader, Cairngorm Mountain Rescue Association.

Wexford of Kent Branch, RPSGB, Postgraduate Centre, Kent & Sussex Hospital, 7.30 for 8pm. "Feeding in intolerance" by Carol Drabble, dietician, and Jo Nolan, SMA.

Wirral Branch, RPSGB, at the Postgraduate Medical Centre, Clatterbridge Hospital, 7.30 for 8.15pm. Annual meeting.

Advance information

Women's Nutritional Advisory Service. Conference on "What is an effective approach to premenstrual syndrome" on April 27 at the Royal College of Obstetrics and Gynaecology, 27 Sussex Place, Regents Park, London NW1. Details WNAS (tel: 0273 771367).

Salford & Trafford Pharmaceutical Service. The Marion Merrell Dow lecture in clinical pharmacy at the Postgraduate Centre, Hope Hospital, Salford on May 11, 6.30pm. "Individualised dosages of acute lymphocytic leukaemia chemotherapy" by William E. Evans, University of Tennessee.

Martindale number

Martindale Pharmaceuticals have changed their telephone numbers to 0708 386660 (switchboard), 0708 384032 (fax), 0708 384733 (sales) and 0708 384866 (sales fax). The company's address is unchanged.

Wella buy Shaders

Wella Great Britain have bought the hair colourants Shaders and Toners from Smithkline Beecham for an undisclosed sum. Wella take over distribution of the products on May 1.

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WITHOUT THE GOODWILL OF THE BUSINESS IN THE GOODS FOR WHICH THE TRADE MARKS ARE REGISTERED.

TRADE MARK NO.	MARK	GOODS SPECIFICATION
823557 A	COSSACK	Perfumes, toilet preparations included in Class 3, cosmetic preparations, dentifrices, depilatory preparations, toilet articles (not included in other classes) sachets for use in waving the hair and soaps, in so far as concerns the right to the exclusive use of the trade marks in relation to goods for export to countries outside the United Kingdom but not including the Irish Republic and the Channel Islands.
859727 A	COSSACK	Pharmaceutical preparations and deodorant preparations, all for external application and all in the form of creams or ointment, in so far as concerns the right to the exclusive use of the trade marks in relation to goods for export to countries outside the United Kingdom but not including the Irish Republic and the Channel Islands.
1030675	COSSACK	Non-medicated toilet preparations; cosmetic preparations; perfumes; soaps; shampoo; preparations for the hair; dentifrices; depilatory preparations; non-medicated preparations for use before, during and after shaving; talcum powder and preparations for use in the bath, all being non-medicated and for toilet use; antiperspirants; and toilet articles included in Class 3; all of the aforesaid goods being for export except to the Irish Republic.
1259460	COSSACK	Non-medicated toilet preparations; cosmetic preparations; perfumes; soaps; shampoos; preparations for the hair; dentifrices; depilatory preparations; non-medicated preparation for application to the skin; talcum powder and preparations for use in the bath, all being non-medicated for toilet use; anti-perspirants; toilet articles included in Class 3; all for export except to the Republic of Ireland.
1267877	COSSACK 20/20	Toilet preparations, preparations for use before, during and after shaving; talcum powder; preparations for use in the bath; all being non-medicated; cosmetics; perfumes; soaps; shampoos; preparations for the hair; dentifrices; depilatory preparations; antiperspirants; toilet articles included in Class 3; all for export from the United Kingdom but not including any such goods for export to the Republic of Ireland.
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956115	COSSACK	Perfumes, toilet preparations (non-medicated), cosmetic preparations, dentifrices, depilatory preparations, shampoos, preparations for dressing and setting the hair, soaps and essential oils, all being goods for sale in the United Kingdom otherwise than for export, but not excluding goods for export to the Irish Republic and the Channel Islands.
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859727 B	COSSACK	Perfumes, toilet preparations included in Class 3, cosmetic preparations, dentifrices, depilatory preparations, toilet articles (not included in other classes), sachets for use in waving the hair and soaps, in so far as concerns the right to the exclusive use of the trade marks in relation to goods for sale in the United Kingdom otherwise than for export and in relation to goods for export to the Irish Republic and the Channel Islands.
1267878	COSSACK 20/20	Toilet preparations, preparations for use before, during and after shaving; talcum powder; preparations for use in the bath; all being non-medicated; cosmetics; perfumes; soaps; shampoos; preparations for the hair; dentifrices; depilatory preparations; antiperspirants; toilet articles included in Class 3; all for sale in the United Kingdom and for export to the Republic of Ireland.
1259459	COSSACK	Non-medicated toilet preparations; cosmetic preparations; perfumes; soaps; shampoos; preparations for the hair; dentifrices; depilatory preparations; non-medicated preparations for the skin; talcum powder and preparations for use in the bath, all being non-medicated for toilet use; anti-perspirants; toilet articles included in Class 3; all for sale in the United Kingdom and for export to the Republic of Ireland.

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About people

New Board for the NPA

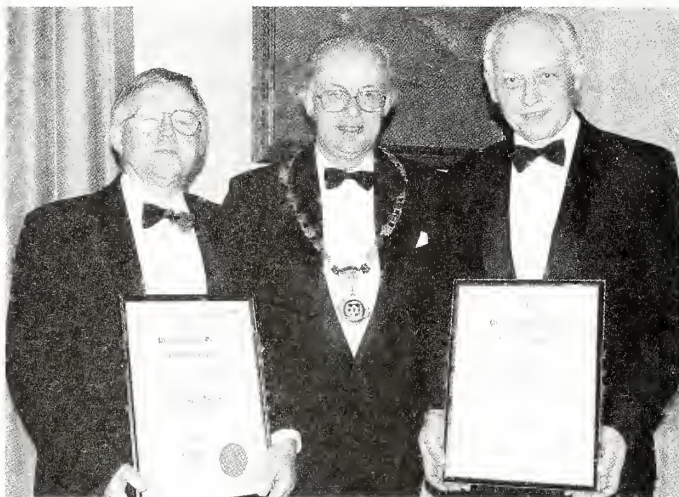
The "new boys" on the National Pharmaceutical Association's Board of Management are Martin Bennett, Graham Delves, David Kaye and Gareth "Gaz" Clapinski.

Mr Bennett registered in 1970. He is the managing director of Associated Chemists, who own two pharmacies in Sheffield and Hull. Mr Bennett is LPC secretary, and also a local FHSA representative.

Mr Delves lives in East Sussex. He previously worked as an engineer, deciding to retrain as a pharmacist after marrying one, and has been qualified seven years. He is chairman of the Royal Pharmaceutical Society's Hastings Branch and serves on East Sussex LPC.

Mr Kaye, who registered in 1964 runs a pharmacy in Devonport. He is the Centre for Pharmacy Postgraduate Education's tutor for Plymouth and Torbay, an associate of the College of Pharmacy Practice, and is studying with the Open University Business School!

Mr Clapinski, who registered in 1972, owns a pharmacy in Stoke-on-Trent. He has been secretary, NPA's North Staffordshire Branch for five years, and the Royal Pharmaceutical Society Branch treasurer and publicity officer.



Receiving their Fellowship certificates from the president, Mr Robin Holliday, at last week's Pharmaceutical Society of Northern Ireland dinner, were Messrs Peter Mulgrew (left) and Ivan McKee (right). Mr Mulgrew is currently director of pharmaceutical services at Belfast City Hospital, while Mr McKee is a community pharmacist at Shankhill Health Centre Chemists

Riley takes CPP Schering award

Brian Riley, regional pharmaceutical officer for the Mersey Region, has been awarded the College of Pharmacy Practice Schering award.

The award recognises the new developments which, by his encouragement, have affected pharmacy nationwide, in particular the establishment of the Medicines Resource Centre and the academic practice unit at Whiston Hospital.

Mr Riley is currently chairman of the RPhOs Committee. He has been an examiner for the CPP and was one of the first regional tutors. He was a member of the Department of Health working group on reorganisation of section 63 courses.

Guiding light

Deansbrook Pharmacy has raised a further £1,000 through donations and raffles, enabling the sponsorship of the company's 15th guide dog, and bringing the total raised to £166,000.

The next event will be a sponsored swim. Details from Popat Shah (tel: 081-959 1835).

Run for your money

With a combined age of 100 and a total weight of 28 stone, David Merrington and Graham Ford of Charwell Pharmaceuticals may be a little crazy to run the London Marathon on April 12. However, when it comes to raising money for the Macmillan Nurse Appeal, the two men are keen to prove themselves fit for the task.

So confident are the pair, they have agreed to complete the course in a combined time of 8hrs 20mins as well. Should they fail, they will match every sponsorship they gain for the cancer relief charity.

Sponsors should contact Doris Royle at Charwell Challenge, Charwell House, Wilsom Road, Alton, Hants GU34 2TJ.

APPOINTMENTS

Unichem have appointed chartered accountant **Grahame Sewell** as their new finance director. Mr Sewell, 42, was formerly with the property group Arcadian International.

Bayer plc have a new managing director. The appointment of **Lennart Aberg** follows the appointment of the current managing director, **John Webb**, to chairman. The current chairman, **Dr Manfred Schneider**, is to be chairman of the parent company, Bayer AG.

The new director general of the Chartered Institute of Marketing is **James McAinsh**, a fellow of the Royal Pharmaceutical Society. Mr McAinsh is a former vice-president of ABPI, chairman of the Centre for Medicines Research, a member of the Pharmaceutical Industry Code of Practice Committee and a management consultant. Mr McAinsh has been a member of CIM since 1968 and a fellow since 1989.



Pharmacists in Northern Ireland bade a formal farewell to the chairman of their Statutory Committee last Wednesday at the annual dinner of the Pharmaceutical Society of Northern Ireland. Mr Charles Hill QC (left) became chairman of the Committee in 1977, and has had a profound effect on its decisions. Mr Derek Lawson, secretary and registrar, told 150 guests. "Although the power of the Committee is merely to remove the name of members who have been found guilty of misconduct, under the chairmanship of Mr Hill the Committee has evolved a practice of occasionally issuing a rebuke and also by discrete use of adjournments has assisted some members to become rehabilitated without the necessity of removing their name from the Register," said Mr Lawson. In recognition of his service he was presented with a drug jar



New NPA PR

Charlotte Coker, previously technical editor at *Chemist & Druggist*, has joined the NPA's Press office, reporting to head of public affairs Colette McCreedy.

Mrs Coker obtained her pharmacy degree from Brighton Polytechnic in 1984. Her community pharmacy experience includes two years with Underwoods and extensive locum work. She is a founder member of the African Caribbean Pharmacy Association.



To encourage trial of its unbeatable formulation we're trimming the price of Dimension 2 in 1 by half. Which means you'll have customers pouring in at the double. To cash in, now is the time to stock up (it's available through your local wholesaler). But remember, the offer is for a limited period only, so don't cut it too fine.



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The biggest selling teething gel.

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PRODUCTS

Counter

CHEMIST & DRUGGIST PUBLICATION FOR PHARMACY ASSISTANTS

APRIL/MAY 1992



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April 4, 1992

Editor:

John Skelton, MRPharmS

Supplement Co-ordinator:

Jane Feely, PhD, MRPharmS

Contributors to this issue:

Sarah Purcell, BA

Jacqui Brommell, MRPharmS

Art Editor:

Tony Lamb

Advertisement Manager:

Frances Shortland

Publisher:

Ron Salmon FRPharmS

Published byBenn Publications Ltd,
Sovereign Way, Tonbridge,
Kent TN9 1RW

Telephone: 0732 364422

Telex: 95132 Benton G

Facsimile: 0732 361534

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OVER THE

counter

A CHEMIST & DRUGGIST PUBLICATION FOR PHARMACY ASSISTANTS

VOLUME 4 NUMBER 36 APRIL/MAY 1992

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ADVISING ON ORAL HYGIENE

There are many problems that can affect the mouth such as toothache, bad breath or mouth ulcers. Pharmacist Jeremy Clitherow looks at the causes and treatment

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MEDICINES FOR DIABETICS

Patients with diabetes mellitus need special consideration when buying products over the counter. How much do you know about this condition and its implications?

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THE PERFECT POUT

The lips are so often the focal point of the face and knowing how to apply lip make-up correctly can make a world of difference. *Over the Counter* advises

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A baby who screams regularly for no apparent reason could be suffering from colic. Although the precise cause is unknown, it can be a very distressing and worrying time for the parents

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Over half the women who visit your pharmacy will suffer from cystitis at some time, many of them regularly. But it's a condition that can be avoided

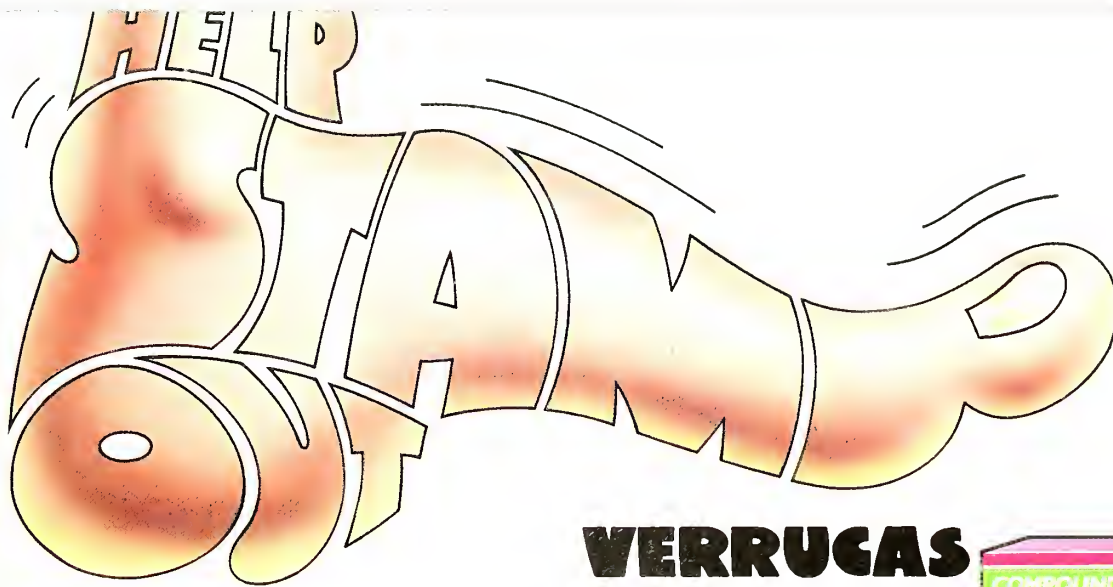
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SOMETHING FOR INDIGESTION

It sounds like Michael Maladie has been over doing things — drinking too much and over eating. Is it any wonder he's got indigestion? How can you help him?



Cover: Elnett celebrate 30 years of quality



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Gum disease, tooth decay, denture problems — all conditions for which your customer may seek advice. Liverpool pharmacist Jeremy Clitherow FRPharmS provides the necessary information

Advising on oral hygiene

A basic knowledge of the anatomy of the oral cavity is essential in order to identify the individual needs of the various parts of the mouth in relation to its hygiene. It is also important to consider the ear, nose and throat because they too can affect problems.

Anatomy

● **Large scale** The expression "oral cavity" is confusing. Technically it refers to all of the mouth, in front of the tonsils. The teeth, gums, tongue, cheeks, jaws — upper and lower, hard and the soft palate and salivary glands are all included. Not only do these hard tissues deserve attention, the membranes covering them may also require periodic attention and service.

The epithelial lining which covers the inside of the mouth varies in structure from place to place. In some places the membrane is cornified, or thickened, whereas on the gums for example it is much thinner and better supplied with surface blood vessels.

The tongue is also highly cornified but is modified with multiple papillae on its upper surface. The sensations of taste — sweet, sour, bitter, acid and so on — are located in geographically distinct and separate areas of the tongue. The sense of smell is also important in taste, and the nose should not be forgotten when patients complain of loss of taste.

● Small scale

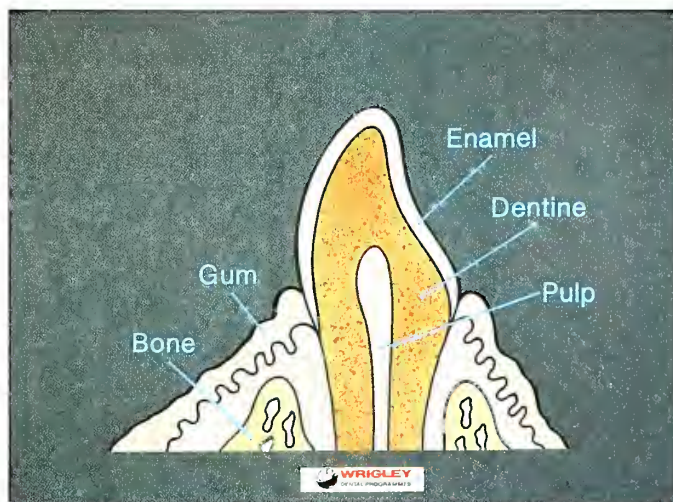
Human beings have two sets of teeth. The milk teeth which are lost in childhood only to be replaced by the adult, or permanent, teeth.

There are usually 20 milk teeth, arranged uniformly. The convention is to describe each jaw, split into two halves. Thus each quadrant, eg left upper, would contain two incisors, one canine and two molars. The incisors are the front, spade-shaped biting teeth, the canines, the eye-teeth and the molars, the back teeth. By the age of three months, the first incisor should have appeared and by three years, the last molar.

There are normally 32 adult



Courtesy of Colgate-Palmolive Ltd



Courtesy of Wm Wrigley

teeth. Again, using the quadrants, each would contain two incisors, one canine, two premolars and three molars.

Each tooth comprises four distinct layers. The outer shell is the shiny white protective, but vulnerable, enamel. It contains more calcium than any other structure of the body, including the bone. Next comes the dentine, which forms the bulk of the tooth. Permeating the dentine is a series of minute tubes through which the developing cells pass. Below this is the pulp which is the soft nervous tissue. The root canal is the tubular structure which carries the nerve to the jaw.

Finally, the cementum is the connective tissue which anchors the tooth into the jaw.

In a healthy mouth the gums should be bright and shiny. The gum margin, the line at which the gum stops and the tooth begins, should be bright, shiny, flat and healthy. The tooth should be firmly anchored, painless and insensitive to heat, cold and pressure.

The tongue should also be pink and healthy, clean and inoffensive. The tongue is so often taken for granted but may be regarded as a mirror of the patient's health in many cases.

The tonsils lie at the back of the oral cavity, one on either

side of the uvula. Healthy tonsils are pink, shiny and small but infections will produce reddening, pain and swelling. The enlargement may occur on both sides or be restricted to one side only. Depending on the invading organism, and its site, the appearance may vary from a milky-white coating in thrush; white septic distinct spots in true tonsillitis or gross one sided distortion in the case of quinsy — peritonsillar abscess. Bad breath or halitosis is common to all of these.

Hygiene

Hygiene is the principle of maintaining health through cleanliness. In the case of the oral cavity, hygiene is best practised by a combination of mechanical interventions and chemical treatments.

The frequent and regular use of an appropriate toothbrush, preferably with an approved toothpaste, is to be applauded but is not enough on its own. Regular use of dental floss will dislodge food particles from between the teeth and also assist in removing attached deposits. Disclosing tablets and mouthwashes can be used to stain the deposits on the teeth and help to identify those areas in greatest need of attention.

Antiseptic mouthwashes are pleasant to use and some will provide antibacterial cover, albeit for a short while. Some mouth rinses claim to dislodge plaque deposits, or at least assist in their removal by loosening them.

Applying a little scientific knowledge to the cleansing process will help increase its effectiveness. Sugars left in the mouth after eating are rapidly broken down into acids and it is these acids that attack the enamel of the teeth. It therefore makes sense to avoid giving sweets to children last thing at night, after they have cleaned their teeth.

Saliva has many beneficial properties. It is alkaline in nature and so helps to neutralise excess acid. It is this attribute which the manufacturers of chewing gum are seeking to promote. It is far better to give

continued on p7



Bonjela teething gel. Worth making a noise about.

Recommend Bonjela Oral Pain Relieving Gel to your customers, and you have the confidence that its soothing action will quickly calm baby for up to four hours.

As the brand leader since 1982 Bonjela is

trusted by more mothers to provide effective pain relief for their babies, than any other teething gel.

So make a big noise about Bonjela and let your customers enjoy some peace and quiet.



*Source: Nielsen

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The biggest selling teething gel.

RECKITT COLMAN
PRODUCTS

continued from p5

a youngster a piece of chewing gum than a sweet, although many dentists and dieticians would prefer us to "snack" on raw vegetables.

Dental plaque results from a combination of factors. Its exact composition is difficult to define but it is thought to be a complex mixture of multiple bacteria, protein, carbohydrate, food debris, epithelial cells and acid. It adheres tenaciously to the teeth and builds up relentlessly if left undisturbed.

Halitosis

Bad breath, or halitosis, is a very common problem. Sometimes it arises as a result of poor oral hygiene, but in other people it has its origin elsewhere.

It is important to enquire about the odour, the type of bad breath. For instance, uncontrolled diabetics produce ketones as a by-product of their condition. These ketones are excreted in the urine but also in their breath. The breath will smell of amyl acetate, often described as "pear drops".

Patients with liver disease have a peculiar smell to their breath known as "hepatic foetor". It is characteristic and once smelled, never forgotten! Infections and diseases of the upper respiratory tract, sinuses and the back of the nose may all produce halitosis. Some are just musty, others offensive.

Certain drugs are excreted via the lungs. Chloral hydrate is one such example. When elderly patients in institutions used to be regularly sedated at night, the smell of chloral hydrate and paraldehyde was overwhelming. Alcohol and garlic are partially excreted in the breath, while tobacco is in a class of its own.

Poor oral hygiene may lead to the build up of rotting food particles trapped in the nooks, crannies and spaces between the teeth. It can produce really offensive smells, often unnoticed by the patient.

Untreated mouth ulcers are also implicated in halitosis, as is the persistent weeping of blood from gum margins in periodontal disease.

The treatment of halitosis is straightforward, once the precise diagnosis is made. There is no substitute for a properly qualified dentist and his trained staff. Many dental practices employ dental nurses to assist the practitioners and dental hygienists to undertake much of the mechanical cleaning which may be necessary. All are useful allies to pharmacy.

It makes sense to forge a professional relationship with the local surgery, find out the message they are giving and pass it on, reinforcing the story.

Very often you will hear the expressions "to talk with one voice" and "healthcare teamwork" in relation to the National Health Service. This is just one more example of putting the theory into practice.

What goes wrong?

When the patient comes into the pharmacy he will usually have made the diagnosis himself. However, sometimes he only reports the symptoms and requests a medicine to cure it or a recommendation to ease it. The pharmacist should then decide the depth and scope of oral examination necessary.

Prior to any examination, a multitude of questions should be asked. These should include the obvious, "What seems to be the trouble?", or similar, to start the patient talking, and then delve deeper. "Is there any bleeding?" "How long?" and "Are you taking any medication?" should follow. "Where is the trouble?" or "Tell me about it..." are valuable questions to gain the necessary information.

Denture wearers are in a category of their own. Their mouths may be in perfect health but they may not be able to tolerate their dentures for any one of a number of reasons. Poor fitting, either too tight or too loose, the wrong bite, unsightly appearance, rubbing or roughness will all produce denture intolerance and lead to the patient leaving them out. If this happens, some people develop into recluses, while others become malnourished because of their inability to eat a proper diet.

In these cases, the dentist is needed. A little adjustment here and there may be all that is necessary but it may also be that the dentures were made years ago and should be replaced.

For those with their own teeth, the major problems people suffer with are pain, tooth decay, gum disease and plaque.

Pain

Pain may be due to ulceration of the gums or lips, the teeth themselves or the gums. The precise location may be beyond the province of the pharmacy staff in the first instance, but may well be located by the patient or related by him from information given by the dentist.

Tooth decay, producing caries, is the most common cause of dental pain. The hole or lesion in the tooth aggravates the pulp and causes inflammation. If the pulp tissues die, the dead tissue produces intense irritation to the tooth's nerve, reported as pain, toothache. If neglected, an

infection may develop and an abscess form. Acute local pain results and if left untreated generalised toxæmia takes place. This patient will be ill — literally poisoned due to the toxins.

Gum disease

As we age, our gums recede. Have you ever heard the expression "long in the tooth?" Teeth do not in fact grow but they appear longer because the

gums have shrunk back.

Apart from the ageing process, there are other factors which may affect the integrity of the gums. Over enthusiastic scrubbing, particularly with an excessively hard toothbrush, moving it from side to side rather than up and down, will harm the gums. The dentine below the enamel may be exposed, and because dentine is quite rough in texture it is an ideal anchorage for food debris,

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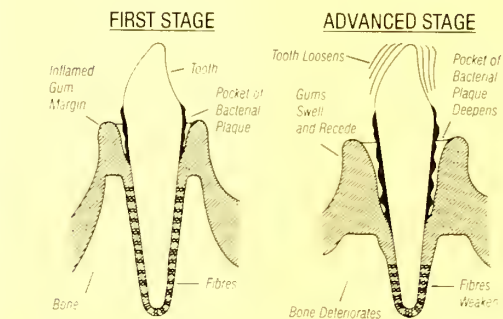


Healthy teeth and gums



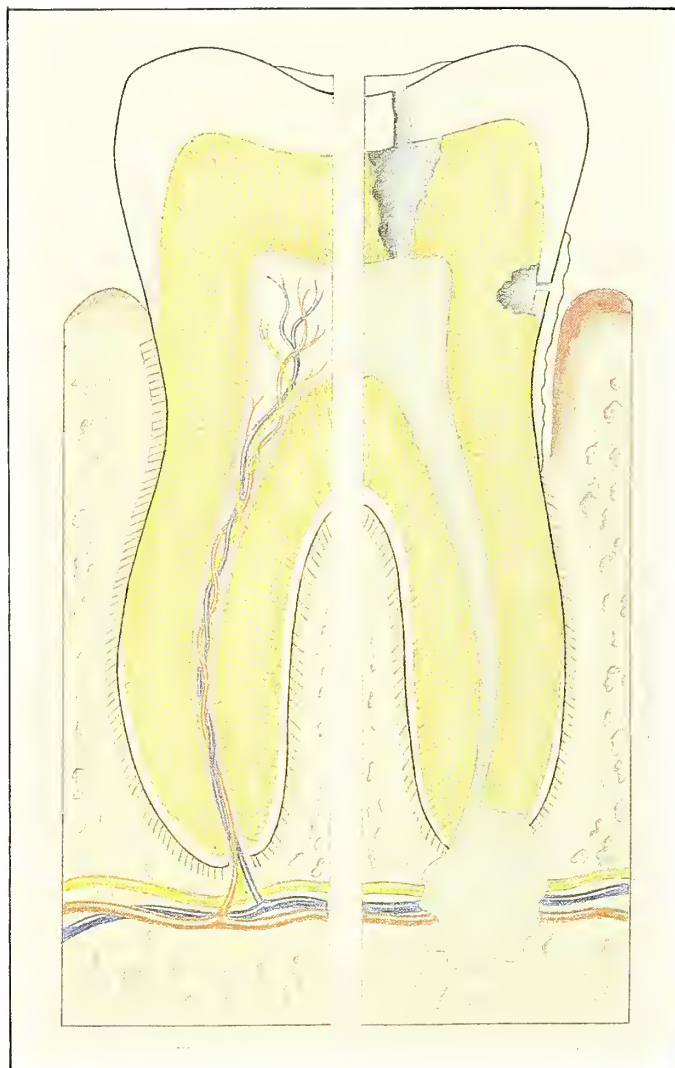
Bleeding gums are an early sign of gum disease

THE DEVELOPMENT OF GUM DISEASE



Gum disease starts when bacterial plaque attacks gums, causing redness and swelling. As the condition progresses, plaque, which accumulates in a pocket between teeth and gums, begins to destroy the bone and fibres supporting the teeth. If left untreated it can result in tooth loss.

All courtesy of Colgate-Palmolive



Salivary glands

With salivary glands, the usual complaint is acute pain caused by a blockage of the duct which drains the gland. The thought of, or the smell of, food stimulates the production of saliva and aggravates the condition. The culprit is normally a calculus, a little stone. Long term, nagging pain in a salivary gland is a warning signal, it might be a developing tumour. The patient must be referred.

And don't forget mumps. In this condition, the parotid salivary gland alone is involved. It is easily distinguished from the other glands since its enlargement masks the angle of the jaw.

Decreased saliva production will predispose the patient to salivary gland infection. The patient will complain of malaise and an offensive discharge, worse at mealtimes or if the area is prodded. Certain medicines, particularly the phenothiazine family, can suppress saliva production. Improved oral hygiene and frequent mouthwashes are advisable for patients with less saliva.

Fluoride supplements

Fluoride in toothpaste is claimed to reduce the incidence of caries

by 30 per cent, but this assumes that toothpaste is used regularly and in sufficient quantities.

The addition of one part per million of fluoride ion to the drinking water supply will decrease the incidence of dental caries in children by a staggering 60 per cent. That is a statistical fact. There is also evidence which says there are no proven cases of toxic poisoning caused by fluoride being added to the drinking water.

However some water authorities do not add fluoride to the water. The British Fluoridation Society produced a document entitled "A Briefing on Children's Dental Health" in June 1991 in which they tabulated the national dental health league for both 5 year olds and 12 year olds. In graphic detail it showed the worst of the league. These caries were preventable. If your district does not add fluoride, consult your dentist now. There are fluoride supplements available over-the-counter.

The amount of fluoride in children's toothpaste is usually lower than that in adult pastes. Excessive use of fluoride supplements in children may lead to a mottling or speckled appearance of the teeth.

Some prescription medicines, noticeably tetracycline antibiotics, stain teeth. These should be avoided in children and pregnant women.

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plaque and tartar.

While plaque is a living film of bacteria on the teeth, if it is not removed, tartar builds up. This, in simple terms, is fossilised plaque which attaches itself to the teeth, and gradually builds up into a hard chalky film.

This extends over the whole of the tooth, but it is dangerous when it extends downwards to the gum margin. As it deposits at the margin it levers the gum away from the tooth, loosening it and allowing the ingress of disease. Plaque can be removed by regular brushing but, although tartar build up can be slowed down, every so often it has to be scraped or chipped away by the dentist.

Bleeding is invariably from the gum margins and is diagnostic of gum disease. It should never be neglected. Prolonged bleeding or unidentifiable gum disorders causing bleeding require investigation to exclude oral cancer.

Mouth ulcers are very common. They are frequently multiple in number, recurrent and acutely painful. Some arise following a local injury, e.g. an accidental jab with a fork or toothbrush — others just crop.

Typically they are fiery red or clearly haloed. Treatment is by local astringents or steroids while oral or local analgesics will alleviate pain.

The tongue

Patients often request "something for a sore tongue". Investigation is necessary, as it would be all too easy to overlook a serious and developing condition.

The customer is likely to remember trauma or burns and will usually tell you. He will remember eating or drinking something too hot, or pricking his tongue on a bone. Other conditions develop gradually, so be wary.

It is all too easy to dismiss all white patches on the tongue as thrush. The best test is to determine if the patch can be dislodged with a toothbrush. Thrush can, leukoplakia cannot. The former is trivial, the latter often pre-malignant and much more serious.

A black, hairy tongue may result from candida infections, excessive smoking or excessive use of disinfectant mouthwashes. Thrush may often occur after taking a course of antibiotics.



Jenny Warner, pharmacy assistant at Lloyds Chemist, Shard End, Birmingham, was one of five lucky winners in Intercare's "Building for success" competition run in Chemist & Druggist. She successfully used Intercare's "Dictionary of medical terms" to answer general questions about OTCs and the company's product range. Jenny received a Sony personal compact disc player from Intercare's regional sales manager Terry Carter (left), under the proud gaze of Lloyds regional manager Paul Pilkinton.

COMPETITION

Your smile could win you and a colleague a fabulous Olympus camera plus a Jordan Dental kit...

Smile please!



A smile is an expression of global friendliness and it is the one form of communication which transcends all language barriers. To make a positive impression when a customer enters the pharmacy, it's important to have a winning smile — and that means healthy and white!

As a nation, many consumers sadly neglect their teeth and gums, changing their toothbrushes just over once a year when dentists, and indeed Jordan, recommend at least every three months.

Jordan have been experts in dental hygiene for over 100 years, they are the number one toothbrush manufacturers in Europe and have a comprehensive range of products coupled with extensive knowledge to help consumers care for their teeth.

From baby to adult mouths Jordan has a brush to suit everyone making the job of selecting the right toothbrush easy.

The variants

Jordan advises that it is never too early to start brushing and to encourage children Jordan has launched the new Disney Baby Toothbrush and the Disney Junior "V" Tuft Toothbrush. Both brushes feature favourite Disney characters and a set of Disney transfers to apply to the handle. The Baby toothbrush has extra soft, short tufts which gently clean and massage gums and first teeth until they progress to the Junior "V" Tuft at about four or five years.

For larger mouths (eight years and over) — Jordan has the Oval Head "V" Tuft Toothbrush. This incorporates the ingenious "V" bristle design which is proven to be more effective at removing plaque than any other brush. The Oval Head "V" Tuft has a small head with a smooth curved end for easy access to the back molars and is available in a wide spectrum of colours for colour co-ordinated consumers.

Le Brush, by Jordan, is the brush for the stylish and fashion conscious. It combines all the key requirements for superior oral hygiene with a wide, flat handle featuring a range of modern, eye-catching up-tempo graphics. Pre-packed in outers of 12, each pack contains a selection of 10 different designs.

Brushing thoroughly is the first step in the effective removal of plaque, but brushing alone is not enough. Jordan have solved this problem by offering consumers a choice of Dental Floss, Dental Tape or Dental Sticks. Packaged in neat, plastic dispensers and available in a variety of colours, the Jordan interdental range are all easy to use and aesthetically appealing.

The comprehensive range of Jordan products is stocked by Vestric, Unichem, and Numark.

The Rules

1. All entries become the property of Jordan Health. 2. The competition is not open to employees of Jordan or Benn Publications Ltd. 3. Closing date May 30, 1992, entries received after the closing date will not be accepted. 4. Jordan reserve the right to publicise the winner's name and photograph. 5. The judge's decision is final and no correspondence will be entered into. 6. The prize must be accepted as offered, there is no cash alternative.

The competition

To bring a smile to all your faces, Jordan are offering three lucky pharmacy assistants, and a colleague, the chance to each win a fabulous Olympus "mju" camera plus a Jordan dental kit comprising a "V" Tuft Toothbrush and a set of Jordan interdental products.

The new "mju" from Olympus is a fully automatic compact camera with advanced photographic technology. The camera's stylish ultra-compact, lightweight body is contoured making it easier to hold and use. It is small enough to fit in a pocket or handbag making beautiful pictures possible anywhere.



How to enter

To enter, simply nominate the colleague you think has a lovely smile — or ask them to nominate you! Fill in the coupon below, attach a "smiley" photograph and send it to: Jordan "Smile Please!" competition, 4 Cupar Road, Battersea, London, SW11 4JW.

Nominator:

Nominee:

.....; title

Address (work):

Tel No:

If you would like your photograph returned, please tick the box: ☐

**New Mentadent S
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sensitive areas.**



Teeth and profits.

Mentadent S for sensitive teeth is the latest in our range of dental care products. Available in a fresh mint flavour, it will be launched in 50ml and 100ml tubes and will be supported by a £1m television and press campaign. Mentadent S not only cleans, but protects and cares for sensitive teeth. As a premium priced toothpaste, it will also look after another very sensitive area. Your profits.



ELIDA GIBBS · LEADERS IN PERSONAL CARE.

Are you sensitive?

Dentinal sensitivity can be a real pain, literally, but as scientists have discovered why teeth become sensitive, so they've been able to develop products specifically for the problem. Jane Feely finds out more...

Are you the sort of person who leaves a cup of coffee until it's nearly cold because you can't drink it hot? Or perhaps you avoid ice-creams and lollies in the Summer because you know how painful it is to bite into something icy cold?

If so, the chances are that you suffer from dentinal sensitivity. It sounds rather grand doesn't it, but most people will know it better as "sensitive teeth".

Sensitive teeth is a surprisingly common problem. Some dentists believe that up to one in four adults will suffer from it at some time in their lives. Anyone from their mid-teens upwards is a likely victim while women are slightly more prone than men.

The most common symptom of sensitive teeth is pain — usually a sharp, shooting pain through the tooth and jaw. The most common triggers are hot or cold food — ice-cream is the main villain. Some people also feel pain when brushing their teeth.

But the message from the manufacturers of oral care products is that people with sensitive teeth need not suffer in silence. Help is at hand! Research into what causes sensitive teeth has led to products specifically designed for these people.

How is it caused?

There are two main causes of sensitive teeth, namely abrasion of the tooth enamel and gum recession. Both result in the exposure of a sensitive area of the tooth called dentine.

In a normal, healthy tooth, the exposed surface above the gum is covered with a smooth layer called enamel. The gums extend up the side of the tooth until they meet the enamel.

Underneath the enamel is a sensitive layer called dentine. This can be exposed if the enamel is damaged by tooth decay or by abrasion caused by using very hard toothbrushes or very gritty toothpastes or powders.

Dentine is also exposed when the gums shrink back from around the teeth, as happens in gum disease. Plaque can build up where the gums meet the teeth, causing the gums to inflame and separate from the teeth. Gums can also recede as a result of too vigorous brushing.

So how does exposing the dentine lead to the painful, sensitive teeth? The most popular theory is one called the hydrodynamic theory which takes into account the structure of the dentine.

Dentine is a porous tissue, riddled with tiny holes or tubules which connect the surface of the

tooth to the nerve-filled centre. This reduces the extent to which the nerve can be stimulated and hence the amount of pain felt.

Treatment

Well that's the theory behind making sensitive teeth less painful, but how is it put into

understand why that was not popular! Varnishes have also been applied to affected teeth, but these can be worn away and the problem returns.

The most common way of applying substances to reduce the pain is in a toothpaste. There are a number of products on the market, specifically for sensitive teeth, based on two main classes of active ingredient:

● **Strontium salts.** Products containing strontium chloride have been on the market for 30 years, since the original Sensodyne toothpaste was launched.

These products work by penetrating and blocking the tubules in the dentine. However, the drawback is that strontium chloride can not be combined with fluoride. Strontium acetate can be combined with low concentrations of fluoride.

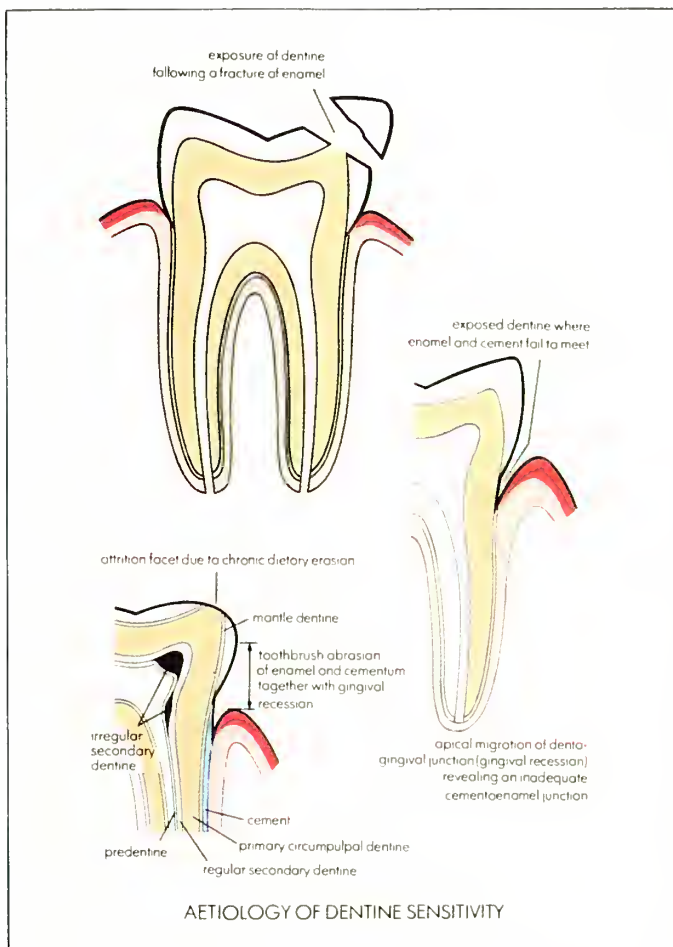
● **Potassium salts,** usually as the chloride or citrate, are found in some of the newer sensitive toothpastes. Potassium salts work by surrounding the nerve with a protective layer of potassium ions.

Potassium salts are increasingly popular because they can be formulated in the same toothpaste as a clinically effective amount of fluoride. This means that people with sensitive teeth can be offered the same protection against decay as those who use a standard family toothpaste.

Other advice

The general public is becoming more knowledgeable about sensitive teeth possibly because of recent television advertising by major manufacturers in the area. Sufferers will usually seek

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tooth with the nerve-filled centre, called the pulp. Each tubule has a highly sensitive nerve at its base.

Any stimulus, such as contact with cold or hot food, causes fluid within these tubules to move rapidly and this excites the nerves leading to the sensation of pain.

Any substance which penetrates and blocks the tubules in the dentine will prevent the nerve from being stimulated and so reduce the pain.


Another way to reduce the pain of sensitive teeth is to increase the concentration of potassium ions in the tubules. These ions, usually applied in toothpaste, surround the nerve

practice?

A number of materials have been suggested, including arsenic, but you can probably

Table. Some of the toothpastes available for sensitive teeth

NAME	INGREDIENTS	FLUORIDE
MACLEANS SENSITIVE	Strontium acetate	Yes
MENTADENT S	Potassium citrate	Yes
SENSODYNE ORIGINAL	Strontium chloride	No
SENSODYNE MINT	Strontium chloride	No
SENSODYNE F	Potassium chloride	Yes



BRITAIN'S No. 1 STRIKES AGAIN.

Sensodyne already dominates the sensitivity sector with a share of more than 80%. Now with the 10th Anniversary of Sensodyne TV advertising, we're striking yet again - we've planned a record TV spend covering 7 months of 1992.

And TV isn't the only area we mean to dominate. Our commitment to the dental profession over the last 20 years has never been so great, with the largest dental sales force in the UK resulting in 94% of dentists recommending Sensodyne.

Research shows 1 in 3 adults suffers from sensitive teeth. Through PR, sales promotion and features in women's magazines, we're making sure that everyone turns to Sensodyne.

Sensodyne is the No. 1 chemist brand in the total toothpaste market.¹ So don't burn your chances, strike today and stock up on Sensodyne - Original, Mint and fresh-tasting Sensodyne F.



advice from their dentist and may also ask the pharmacy staff when buying products.

If your customer has not seen their dentist for a check-up in the last six months then this is the first thing to stress. Anyone with very severe pain should also be referred, particularly if the pain seems to be concentrated in one tooth.

Customers who suffer from occasional mild sensitivity can be advised to try one of the specific toothpastes on the market (see table) and to use it regularly.

And don't forget to ask about their toothbrush. As mentioned earlier, one of the main causes of sensitivity is abrasion caused by

using a toothbrush that is too hard. Some people are still under the misapprehension that soft brushes don't clean as well as hard ones.

Anyone complaining of sensitive teeth should be advised to buy a toothbrush with soft, end-rounded, nylon filaments and to use it with gentle circular motions where the teeth meet the gums.

And remember to stress that toothbrushes need to be changed every three months or as soon as the bristles start to distort. An old, splayed toothbrush will not remove plaque effectively and that can be the first step on the path to more sensitivity problems.

Eight steps to a cleaner, healthier mouth

Here are eight, easy steps which if followed will give both you and your customers an effective oral care regime.

● Look out for symptoms

Teeth and gums should be regularly checked for any of the following signs. If they are present, consult your dentist.

- ☐ A build-up of white film (plaque) on the teeth
- ☐ A hard, yellow coating (tartar) on the teeth, particularly along the gum line
- ☐ Bleeding, swollen gums
- ☐ Receding gums or gums which appear to be coming away from the teeth.

● Brush regularly

Teeth should be brushed twice a day (morning and night) for at least two to three minutes to remove plaque.

When brushing, the head of the brush should be angled towards the gums to ensure that plaque is removed from between the gum and the tooth.

● Change toothbrushes

In general people do not change their toothbrushes often enough. A brush with distorted or splayed bristles will not be effective at removing plaque.

Toothbrushes should be changed at least every three months and preferably as soon as the bristles begin to lose shape. If your brush begins to lose its shape after a couple of weeks, ask your dentist or hygienist for advice on technique as you may be brushing too hard.

● **Use a fluoride toothpaste**
Fluoride in toothpaste has been a major advance in the fight against tooth decay. Other toothpastes also offer protection against gum disease and tartar.

● Use a mouthwash

There are both pre-brushing and post-brushing mouthwashes on the market, some of which are designed to help prevent the build up of plaque while others are aimed at the problem of bad



breath. Ask your dentist for advice if you are unsure.

● Floss regularly

Because brushing can only clean three of the five surfaces of each tooth, floss is necessary to clean the other two. Floss should be used at least once a day to remove plaque from between the teeth and the gums.

When first starting to floss, you may find that dental tape is easier to handle.

● Go for regular check-ups

If you visit your dentist regularly, he will be able to spot any potential problems and give you the right advice or treatment before the damage goes too far.

● Cut down on sugar

You've probably heard the saying "You are what you eat". This is true for teeth.

Tooth decay is caused by the bacteria in plaque acting on sugar in food, breaking it down to form acid which attacks the tooth's enamel. Reducing the amount of sugar in the diet is important but even more so is reducing the number of times the teeth are exposed to attack. Snacking and eating between meals is best avoided.

(Additional information courtesy of Colgate Palmolive.)



"Be a photographic model for the day" — that was the daunting challenge for Margaret Hutchinson (left), winner of the Wash E45 competition in November's Over the Counter. Margaret, pharmacy buyer from Broad-ing pharmacy in Guiseley, Leeds, arrived at the photographic studios in London with her "best friend", daughter Sandra. Gentle coaxing from beauty and fashion photographer Bill Morton soon turned awkward smiles into relaxed poses. As a memento of the day, Margaret received a photographic album — a recording from her first nervous steps in the studio to her grand finale — and a large picture of herself and Sandra for pride of place on the mantelpiece

Speaking with confidence

There's no need to get down in the mouth when a customer asks about looking after their teeth. It's true that some of the terms used by dentists are a bit of a mouthful, but with this guide to the technicalities, you need never be tongue tied again!

Bactericide/bacteriostatic — May be used to describe ingredients in oral care products. A bactericide is a substance or agent which kills the bacteria that form plaque while a bacteriostatic merely inhibits the bacteria's growth

Calculus — See tartar

Caries — Another name for tooth decay

Cavity — A hollow, hole or lesion in a tooth produced by decay

Crevice — A gingival crevice (or periodontal pocket) is a small gap or space between the gum and the tooth where plaque can accumulate and cause further gum disease

Dentifrice — A term used to describe toothpastes or tooth powders which are used to clean the accessible surfaces of the teeth

Dentine — The material which makes up the interior and root of the tooth

Enamel — The hard, smooth tissue which covers the dentine and forms the outer surface of the tooth

Fluoride — An elemental ion, effective in strengthening teeth

Fluoridation — The addition of fluoride to the water supply of an area, usually in quantities of one part per million

Gingiva — Another name for the gums

Gingivitis — An early stage of gum disease seen as inflammation and reddening of the gums

Gum disease — Also called periodontal disease, it is caused by the build-up of plaque which attacks the gums. Gum disease begins as gingivitis but if not treated may attack the bones and the fibres which hold the teeth in place leading to tooth loss

Periodontal — Literally meaning "surrounding the tooth"

Periodontal disease — See gum disease

Plaque — Dental plaque consists of numerous bacteria which accumulate on the teeth. It appears as an almost invisible white film on the teeth and can be removed by brushing. Plaque is a major cause of gum disease and is implicated in tooth decay

Pyrophosphate — An ingredient of some toothpastes which helps inhibit the formation of tartar

Root — The portion of the tooth that holds it in the jaw bone

Scaling — The procedure used by the dentist or hygienist to remove tartar from around the teeth

Tartar — Also called calculus, tartar forms when plaque becomes hardened. It appears as a rough, yellow coating on teeth which easily picks up stains eg from food or tobacco. It can not be removed by brushing alone.

A fresh-faced 16-year-old from the Council estate down the road comes into the pharmacy and asks for a sugar-free medicine for her dry cough. Then one of your regulars, a retired black gentleman, comes in to buy diabetic jam and chocolates which, he says, he can't get at his 'local' pharmacy.

These two customers, seemingly so different, have one thing in common: diabetes. This is a condition that does not discriminate — it affects people of all ages, regardless of race, sex or background.

Around 2 per cent of people in the UK have diabetes mellitus. There are two types: insulin dependent diabetes mellitus (IDDM) and non-insulin dependent diabetes mellitus (NIDDM). IDDM affects about a quarter of sufferers, usually those under 30. The remaining 75 per cent who have NIDDM, tend to be over 30 and may also be overweight.

People with IDDM cannot produce insulin, a hormone released by the pancreas that regulates our blood sugar (glucose) levels. Levels of blood sugar rise after a meal so that the body can store glucose, which it needs for energy. These diabetics inject themselves with insulin, to keep blood glucose levels low. Short acting insulins last for four to six hours, while others are modified with protamine or zinc and last for 12 to 36 hours. Most people who need insulin have a mixture of short and long acting insulin twice a day.

People with NIDDM produce some insulin but not enough to bring the blood sugar levels down to normal limits. They control glucose levels by watching what they eat or by a combination of tablets and diet. The tablets they take are called oral hypoglycaemic agents which either stimulate the body to produce more insulin or improve the action of any insulin already present.

Nobody knows exactly what causes diabetes although it has been suggested that the body itself may destroy insulin-producing cells. There is also evidence that the body may be resistant to insulin. A hereditary link is likely and people who are overweight are particularly susceptible to NIDDM.

Characteristics

Early diabetes is characterised by symptoms which arise because of the development of hyperglycaemia (excessive glucose levels). Symptoms are similar for both types of diabetes — excessive urinating, thirst, genital itching and tiredness.

Later, there is weight loss caused by the body using energy from fat and protein stores



Courtesy of Amies (Bayer Diagnostics UK Ltd)

Medicines for diabetics

Charlotte Coker outlines the special needs of people with diabetes when buying medicines over the counter

because it can't use glucose. If the diabetes is undiagnosed the person may lapse into a coma.

Although symptoms are unmistakable in IDDM diagnosing NIDDM may be more difficult. There are an estimated 250,000 people with undiagnosed diabetes in the UK.

Newly diagnosed diabetics have to come to terms with the disease and how it will alter their lives. They have to learn about everything that affects blood glucose levels including diet, insulin injections or tablets, and exercise. They also have to deal with the social implications of diabetes.

Worse still are the long term complications that may develop, such as kidney damage, high blood pressure, blindness, and gangrene. Providing the diabetic is using their medication correctly, attends a diabetic clinic, watches their diet, exercises and monitors their blood levels, they should have no problems.

Hypoglycaemia (low blood sugar) may occur if control over blood sugar is lost — for example if the wrong dose of insulin is injected or a meal is missed. At worst it can result in loss of consciousness or fits. Most diabetics recognise the warning signs of anxiety, sweating, trembling, pallor, palpitations and hunger, long before any serious problems arise.

Sugar must be taken

immediately to correct hypoglycaemia. This may be a lump of sugar, glucose tablets or a drink containing glucose. Then a more slowly absorbed carbohydrate should be eaten — for example biscuits or a sandwich. For more serious cases, hospital treatment and injections of glucagon may be needed plus a review of diabetes control.

Diet is important, although these days the only advice given to people with diabetes is to eat a healthy diet. This can help with weight loss, control blood sugar levels and prevent long term complications.

Regular monitoring of glucose levels is essential. People with diabetes are advised to try and keep sugar levels within the recommended 4-8 mmol/l limit. This can be done by testing urine levels or blood levels, the latter being more accurate. Tests are carried out daily before each main meal and at bedtime to start with, but the frequency may be reduced in well controlled patients.

For both blood and urine testing, strips are used which change colour to indicate glucose levels. For blood testing it is advisable to use lancets and finger pricking devices and glucose meters make reading the results much easier. Diabetics are also advised to record their results and take them to the diabetes clinic.

In the pharmacy

As a medicines counter assistant, you will come into contact with diabetics; a deeper understanding of what it is and how it affects sufferers will enable you to be of more help to them.

When they come into the pharmacy to buy OTC medicines, you may or may not realise that they are diabetic. They may come in and ask for a specific product and you would be none the wiser. If they ask you to recommend something, using the NPA's 2WHAM approach should get them to reveal that they are diabetic.

Diabetics may want a sugar-free medication although they may not be told specifically to use them. With regular monitoring of glucose levels, the small amounts of sugar in some OTC medicines are unlikely to cause any harm. However, in this age of increasingly health conscious consumers, use of sugar-free medicines is rising.

Many pharmacies sell diabetic food, but the British Diabetic Association does not recommend these. Their view is that they are no better, nutritionally, than non-diabetic foods and are more expensive. Yet manufacturers believe there is a demand for these products and that diabetics buy them as treats. They argue that other customers, such as slimmers and health conscious consumers, also buy diabetic foods.

Diabetics are more prone to foot problems because of poor circulation and nerve damage. This means that injuries can take much longer to heal and may not even be felt. It is, therefore, essential that people with diabetes look after their feet. They should not treat corns or blisters themselves but should go to their doctor, chiropodist or diabetic clinic.

Diabetics receive the medication that controls their condition on prescription. Tablets are prescription-only, but insulin can be bought over the counter although this is usually only in an emergency. Diabetics can also be supplied with syringes and needles on prescription as well as certain items for carrying out blood or urine testing. Blood glucose meters or finger pricking devices are not available on the NHS.

Remember to refer the customer to the pharmacist if you have doubts about any aspect of caring for diabetics.

■ The BDA produces a magazine for diabetics and a wide range of leaflets. They are also willing to answer queries. For further information contact the BDA at 10, Queen Anne Street, London W1M 0BD, tel: 071-323 1531.

Elnett *Satin*

Celebrates 30 years of quality

A hairstyle is an important means of communicating personality and individuality to others. And it's something we can easily change.

In the 30 years since Elnett was launched in 1962, there have been many different fashions in hairstyles and Elnett has adapted to them. The Sixties bob emphasised the condition and shape of the hair. Elnett was perfect to hold the style invisibly and leave the hair looking soft and shiny.

The Seventies saw longer hairstyles and the increased popularity of the perm. It was in response to this that Elnett introduced its Permed and Coloured Hair formulation.

The Eighties saw a trend towards more structured or avant garde hairstyles. Once again, Elnett provided the answer - a Supreme hold for more dramatic styles.

So as styles have evolved, so has Elnett. And now to 1992 - shine, condition, simplicity and a more natural look - these are the key trends ... and L'Oréal once again has the answer.

ELNETT UNFRAGRANCED - QUALITY FRAGRANCE FREE

Elnett Unfragranced is the new fragrance free variant in the Elnett range of hairsprays, to be introduced from April 1st, 1992 in chemists nationwide.

The interest in fragrance free products is well known, reflecting the popularity of products which are perceived to be discreet and more "natural". Elnett now leads the way in fragrance free hair care with Elnett Unfragranced, retaining all the luxurious quality of the original hairspray, but without a perfume.

The difficulty in developing fragrance free products is to create a formulation which, with the perfume absent, has no lingering base smell. In Elnett Unfragranced, L'Oréal has succeeded in overcoming this problem so that when the hairspray dries, the hair is left completely free of fragrance.

L'Oréal have put together an unrivalled support package of advertising and promotions to ensure that Elnett Unfragranced cannot fail to be an enormous success. This will begin with a £970,000 television advertising campaign, beginning on April 14th and running for 5 weeks in all areas. The commercial is set behind the scenes at a fashion show and shows how a top hairdresser uses Elnett to create and hold the models' styles. This execution rein-



forces Elnett as the "finest hairspray used by the finest hairdressers".

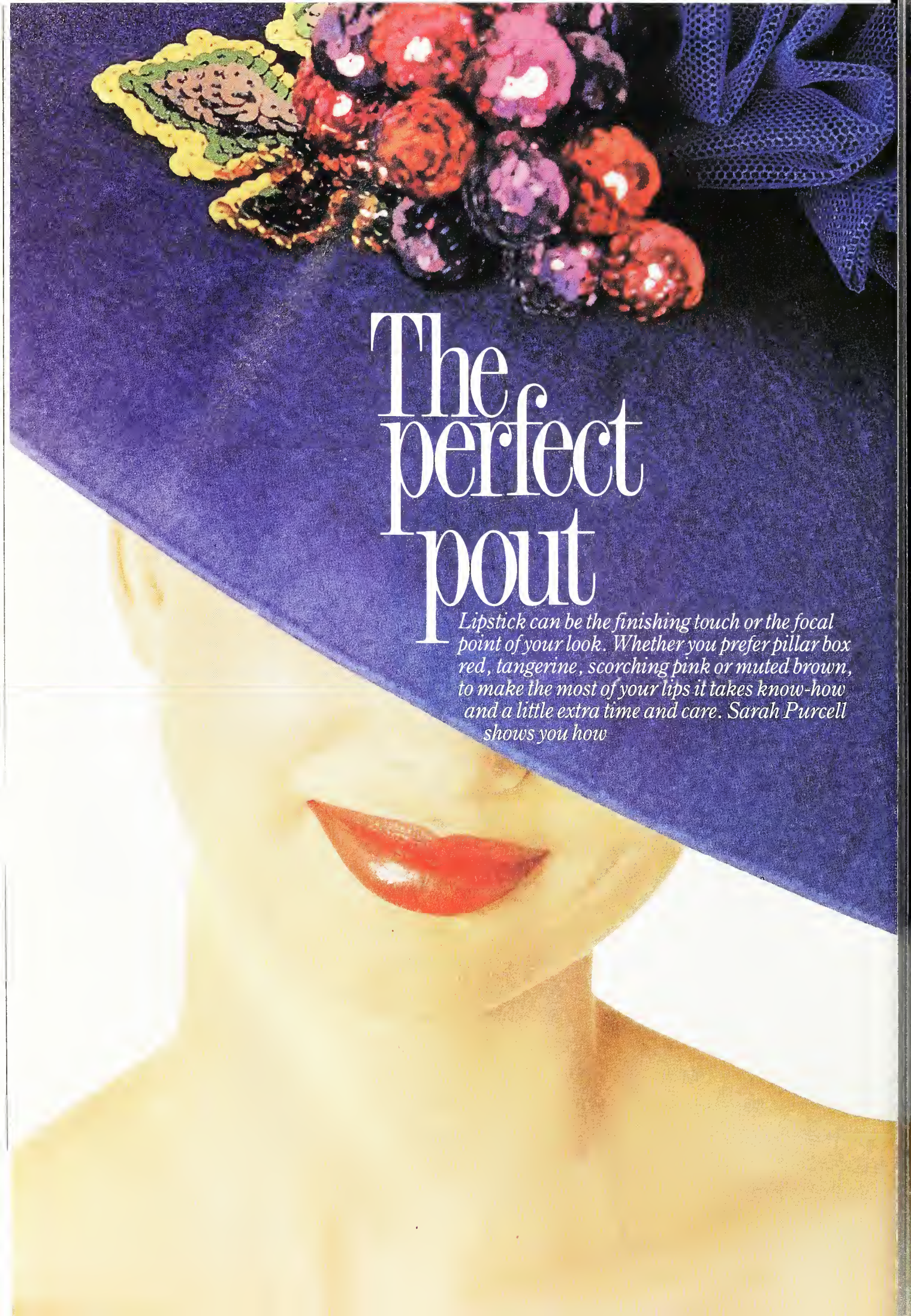
Advertorials for Elnett Unfragranced appeared in the March issue of Cosmopolitan and will appear in the May issue of Marie-Claire.

Elnett Unfragranced will be supported from April 1st by a £1.50 cash back promotion. Consumers fill in the product bar code on a form and send away with a proof of purchase in order to receive the refund. Also from April 1st, a free 75ml handbag size Elnett Unfragranced will be banded to all 450ml variants (ie. Normal, Extra Strength, Permed Coloured, Supreme) and 450ml Unfragranced.

So now with five different references in the Elnett range, every modern woman can rely on "the world's finest hairspray" to keep her hair looking her absolute best.



L'ORÉAL
PARIS

A close-up, low-angle shot of a woman's face, tilted slightly upwards. She is wearing a dark blue, textured hat that covers her forehead and ears. On the side of the hat, there is a large, colorful floral decoration made of fabric or lace, featuring shades of red, pink, purple, and yellow. The woman's lips are painted a vibrant, glossy red. The background is a soft, out-of-focus light blue.

The perfect pout

Lipstick can be the finishing touch or the focal point of your look. Whether you prefer pillar box red, tangerine, scorching pink or muted brown, to make the most of your lips it takes know-how and a little extra time and care. Sarah Purcell shows you how

Lipstick as we know it has been around since 1915, when synthetic colourants were introduced. Women have, of course, coloured their lips since Egyptian times with all manner of potions, including grape paste, rose extract, vermillion and crimson. Today, consumer research has shown that more women wear lipstick than any other type of cosmetic.

If lipstick is the mainstay of your daily make-up then it needs to look good. The difference between a hastily applied smear of your "usual" shade and professionally made up lips is obvious.

When a customer comes in for advice about lipstick, first emphasise the importance of the condition of her lips. For lipstick to look its best, lips need to be in tip top condition. Wind and sun can both dry lips out, leaving them chapped, flaking and sore. Encourage the use of lip balm to keep lips soft and smooth — a light one during the day and a thicker one at night. Cold sores can occur at any time of year and can be hard to get rid of. Cold sore treatments, available over the counter, should be used at the first sign of tingling.

Tooth care

It's no good having perfectly made up lips if your teeth let you down! No amount of lipstick, however well applied, will compensate for rotten teeth. Encourage your customers to brush and floss their teeth regularly. Contrary to popular belief, bad breath is not usually caused by something you've eaten, but by stagnating saliva and trapped food around the teeth. Try using a mouthwash.

Once you've put your customer's mouth in order, advise them on the essential tools of the trade. For a lip make-up that lasts beyond the first cup of coffee, they will need a small stiff lip brush, a lip liner pencil, translucent powder, tissues and lipstick. How often have you been told "Apply lipstick with a lip brush" and how many of you actually do? Make-up artists swear by them and they really do give a better, longer lasting finish.

Colour choice

Being faced with a huge range of colours and types of lipstick can be daunting. Customers often think they need to match the lipstick to their outfit. This is true to a degree, in that an orange lipstick with a pink suit will look awful, but generally, as



Moisturise to get lips to tip-top condition



A touch of gloss for added shine



A small lip brush is a smart investment

long as the lip colour does not clash, this need not be a prime consideration. What is more important is to choose a colour that complements skin and hair colouring. Here is a quick guide:

- Dark skinned: there are of course many shades of dark skin, but in general vibrant, deep shades look good. Try tones of red, bronze, hot pink and rich burgundy.
- Red heads: red hair usually goes with fair, freckly skin. Colours that will complement this look include brown, brownish pink, coral, peach and soft red. Avoid pink!
- Blondes: Generally best to stick to soft shades, including pink, beige, coral and peach, although bright red for a sultry evening look can be stunning.
- Brunettes: They can take stronger colours than blondes. Colours that will look good include burgundy, plum, red and bright pink.

Having said this, there are certain shades that will suit almost anyone. Red is the classic lip shade — it's just a question of finding the right tone of red to suit your colouring. Other safe colours include caramel, cappuccino and woody brown. Matte lipsticks generally look best and last longer. Frosted shades can emphasise imperfections.

For perfect lips every time follow this simple routine:

- If lips are very dry, apply lip balm, then blot off the excess with a tissue. Then smooth on lip primer or foundation to provide a base for the colour to cling to.
- Outline the lips carefully with a well sharpened lining pencil in a toning shade (a darker shade will look unnatural) to prevent colour from bleeding.
- Apply lip colour using the lip brush.
- For long lasting colour, blot lips with a tissue dusted with translucent face powder then apply a second coat. Blot again with a clean tissue.

For a very natural, "barely there" look, try a lip tint or stain instead. It will give just a hint of colour and will be less noticeable as it wears off. Many companies produce sheer lip colours which have the same effect.

Useful tips

If lipstick looks too bright, tone it down a shade with a dot of foundation.

Emphasise the cupid's bow by applying a fine line of highlighter along the middle of the top lip.

Lips will appear fuller with matte, muted shades.

Don't use dark, shiny or frosted shades on small mouths.

Don't try and correct the shape of your lips with a pencil — it will look unnatural and won't fool anyone!



On May 4, our biggest





ver TV campaign erupts.

Last time we ran our TV commercial, requests for Asilone went up by 25%. This time, requests will be going sky high.

Asilone is the only indigestion remedy, solely available from pharmacies, to be advertised on television. So capitalise on our advertising. Don't just stock up with Asilone liquid and tablets. Display them. Prominently

That way you won't be caught out when the rumbling starts





Courtesy of Crookes Healthcare

Coping with colic

A baby's screaming red face is bound to cause even the calmest of parents to panic, especially when it happens regularly, a common occurrence with colic. Jacqui Brommell suggests some advice for worried mums and dads

If parents complain that their new baby regularly screams, drawing his knees up to his chin while perhaps going red in the face — this may well be colic.

Colic attacks can last for an hour or more, often following a set pattern every day for several weeks, usually in the evening. No wonder many parents are at their wit's end when they seek advice!

But although up to a third of all babies suffer from colic-type symptoms, nobody has yet managed to find out exactly why. Possible explanations include gut spasms, bubbles of air trapped in the digestive system, allergy to the feed, an immature nervous system, or even babies picking up signals that their parents are worried.

To make matters worse, worried parents will often feel they have done something wrong, so reassurance that colic is not their fault is particularly important.

At the same time, it should be remembered that babies also cry for other, more serious, reasons. Luckily, in these cases there will usually be other signs as well as crying, such as vomiting, sickness or pallor, or a baby who won't feed. These

cases will usually require a visit to the doctor.

In fact because colic is such a loosely defined term, it is always important to rule out other causes by checking with the pharmacist.

Although colic is obviously very distressing, the good news is that it usually only lasts for the first three months of life!

Stop that screaming!

If colic is suspected, suggest that parents follow these tips to stop their baby's tears. The remedies below may also be helpful:

- The first step is to rule out common reasons for crying. Is the baby hungry, or perhaps needing a nappy change? Is he too hot or too cold? Is he tired, frightened, or bored?
- Babies often cry from lack of attention, and most respond to sound and movement. So suggest that the parents hold the baby and talk to him. He may stop crying if he is carried about, and a baby sling might make this easier. A pram or car ride may also do the trick, but may not always be convenient! With colic, picking up the baby may not help.

- Getting rid of wind may help relieve discomfort, although it is not necessary after every meal. Support the baby on one knee, rub the back gently in a circular motion with occasional gentle patting. A burp gives a clear indication that the trapped air has escaped!

But if nothing happens, this is no cause for concern as the trapped air will eventually expel itself. Crying itself can make the baby swallow air.

- Massage helps get rid of air and soothes the baby, too. It is best avoided just after a feed, and is said to be most effective about an hour before baby normally starts to cry.

Lie the baby on his back, and gently massage the stomach using a circular motion, with increasing circles starting from the navel.

- Changing feeding equipment or technique may sometimes help. When a baby feeds, it swallows some air with the milk, which is carried down into the stomach. This air may be caused by the teat being too big or too small with bottle-fed babies, or poor positioning at the breast in breast-fed babies. Alternatively, under or over feeding may cause excessive air to be swallowed.

- Colic is said to be about as common in breast-fed as formula-fed infants. Some parents might be tempted to change the baby milk formula if they suspect allergy is causing the tears, but medical advice should always be sought first.

Breast-fed mothers will discover by trial and error which foods they eat subsequently affect their baby. Spicy food, for example, often results in an irritable baby. And bananas, oranges, strawberries, coffee and chocolate are often culprits that give babies an upset stomach. In some cases, cow's milk and its products may also affect the baby.

- It is important that the mother keeps as calm as possible — usually easier said than done!

Remedies

Because no-one knows what causes colic, treatment focuses on relief of symptoms rather than cure, with reassurance playing an important part.

An activated dimethicone suspension can be given. An example is Infacol, which makes small air bubbles in the gut form larger bubbles which are easier for the baby to expel. Infacol has been shown to decrease the number and severity of colic attacks. Dentinox Colic Drops also contain dimethicone.

Gripe waters containing carminatives such as dill are traditional remedies for getting rid of wind. Many have been reformulated without alcohol.

A&P Infant Powders contain matricaria, otherwise known as chamomile, and are said to be useful for babies who are restless and fretful.

Formulas containing antispasmodics such as dicyclomine should never be given to infants under the age of six months.



Clinically proven to relieve infant colic and griping pain¹



1. Ref. Simethicone in the management of infant colic Sethi K.S., Sethi J.K., The Practitioner 1988, 232, 508.

Win a weekend in London with Compound W



For many years **Compound W** has been helping ease the distress of sufferers of the common wart. Now this market-leading brand has turned its attention to the animal world as it champions the cause of the Warthog, one of the most unfairly maligned of animals.

Compound W is now the proud adoptive parent of Arthur the Warthog at Whipsnade Wild Animal Park and is helping fund the park's hefty £250,000 annual animal food bill, as well as caring for Arthur. With its pronounced facial warts, this native of Africa certainly knows how it feels to suffer the stigma of having warts!

What is a wart?

The wart is a growth on the surface of the skin caused by an excessive growth of tissue from the skin's inner layer. This excess tissue then forms folds which project upwards into the outer layer of skin and form a wart on the surface. There are various kinds of warts, with the common wart having a thick cauliflower surface.

Without treatment, common warts can last for up to two years or more!

Treating them

Common warts can be treated simply and swiftly with **Compound W** and **Compound V**.

Compound W is applied one drop at a time with the no-mess dropper provided until the wart is completely covered. **Compound W**'s active ingredient, salicylic acid, will get to work right away, softening the wart. **Compound V** is a complete eight-day treatment for verrucas. It comprises a liquid verruca remover and a set of professional-style accessories to ensure safe and effective home use. Included in the pack are abrasers, an applicator rod, protective plasters and thick verruca cushions.

The competition

The manufacturers of **Compound W** and **Compound V**, Whitehall Laboratories, are now offering you the chance to win an all expenses paid weekend for two in London. They will cover travel costs from anywhere in the UK, meet the bill for a two night stay at a top city hotel and pay for tickets for a popular West End show. And just to make sure it all goes with a swing, Whitehall are also giving £150 each as spending money.

As an added bonus, the prize also includes a season ticket for two for Whipsnade, where you can visit Arthur, the **Compound W** Warthog!



How to enter

To enter, answer the following four multiple choice questions. Tick the correct answers, complete the tie breaker and send your completed entry form to — **Compound W** competition, PO Box 136, Sutton, Surrey SM3 9UY.

The winner will be first correct entry selected on the closing date, June 30.

- | | |
|---|--|
| 1. The Warthog is a native of ? | 2. How many days treatment do you get from Compound V ? |
| a) Australia <input type="checkbox"/> | a) 1 day <input type="checkbox"/> |
| b) Africa <input type="checkbox"/> | b) 6 days <input type="checkbox"/> |
| c) Argentina <input type="checkbox"/> | c) 8 days <input type="checkbox"/> |
| 3. What is the active ingredient in Compound W ? | |
| a) Acetic acid <input type="checkbox"/> | |
| b) Salicylic acid <input type="checkbox"/> | |
| c) Sulphuric acid <input type="checkbox"/> | |

4. What accessories are included in the complete **Compound V** Kit?

- a) Abraders, cotton wool, verruca cushions
 b) Abraders, applicator rod, protective plaster, thick verruca cushions
 c) Abraders, plasters, gauze, rod

Tie Breaker — What nickname would you choose for Arthur?

.....

Winners will be notified by post by July 31

Name

Address

..... Tel No

The Rules

1. All entries become the property of Whitehall Laboratories. 2. The competition is not open to employees of Whitehall Laboratories or Benn Publications Ltd. 3. Closing date June 30, 1992, entries received after the closing date will not be accepted. 4. Whitehall Laboratories reserve the right to publicise the winner's name and photograph. 5. The judge's decision is final and no correspondence will be entered into. 6. The prize must be accepted as offered, there is no cash alternative.

Glints — the way to a more colourful future

Glints — the exciting shampoo-in conditioning hair colourant from Clairol, has been relaunched with new packaging, an extended shade range, improved formulation and a fantastic support package including substantial TV advertising — guaranteed to increase sales!



The semi-permanent hair colour market has grown a staggering 32 per cent over the last 12 months and is now worth in excess of £20 million*, with the pharmacy sector accounting for 57 per cent of this total. Glints, already the "number two" enhancement semi-permanent, is now perfectly positioned to take full advantage of this rapid growth.

Market leaders Clairol have redesigned the pack with new head shots to update the image of Glints and appeal to today's more colour conscious consumers. The new design retains Glints' unique sense of fun, while conveying the gentleness and low commitment of the product. The distinctively shaped carton has been maintained, which makes Glints perfect for impulse purchase and for attracting new users to the colourants market.

In research against a new mass market target audience of 20 to 30 year old women, over 60 per cent preferred the updated pack. The range has also been extended to 12 shades from Blonde through to Black to give your customers an even greater choice. The new shades are: Savannah — Golden Blonde; Sunburst — Reddish Blonde; Bisque — Light Golden Brown; Poppy — Light Auburn, and Allspice — Hazel Brown.

Simple to use

Glints could not be simpler to use. After selecting the shade with the help of the new interactive colour indicators, simply shampoo Glints into damp hair, wait a few minutes and then rinse. You can control the richness of your colour result by leaving Glints on your hair a little longer. With its special conditioning formulation, Glints will actually leave your hair looking shiny and healthy. Glints gradually washes out after 6-12 shampoos and will not permanently change your natural hair colour.

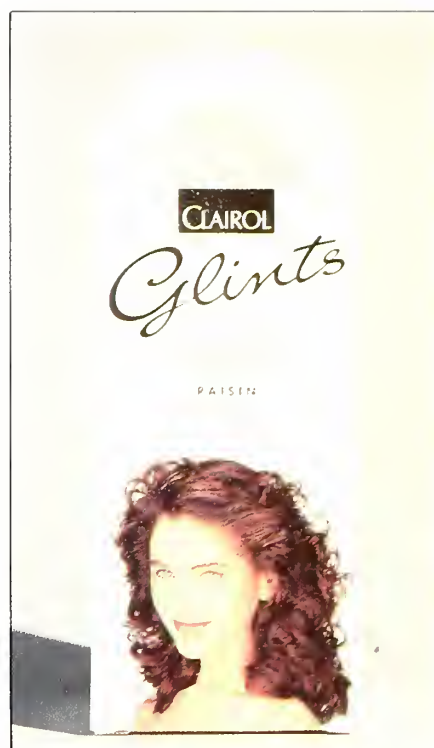
£1.5m TV spend

Clairol, the largest advertiser of hair colourants, will be spending a full £1.5 million advertising Glints on television starting in May. There will also be special pre-packed outers, permanent display trays and extensive POS material including a 30p Off Coupon.

Glints is available from all leading chemist wholesalers.

* AGB Superpanel
** Media Register

Clairol and Glints are trademarks.
Authorised users: Bristol-Myers Co. Ltd.



Glints

- New packs preferred by 60% of customers
- More comprehensive shade range
- £1.5 million television campaign
- Extensive in-store support material



BRISTOL-MYERS

Focus on cystitis

Over half the women in this country will experience cystitis at some time in their lives and many will suffer repeated attacks. Jane Feely looks at what causes this unpleasant condition, how the symptoms can be relieved, and how a few simple steps may prevent attacks altogether



Mention the word "cystitis" in female company and the response is likely to be one of sympathetic concern.

To those who have suffered, it brings back memories of pain, discomfort and generally feeling terrible. Cystitis is an unpleasant and sometimes distressing condition that seems to have singled out women for the majority of its victims.

Over two million women a year in the UK will suffer from cystitis — an inflammation of the bladder. Although for some it is a rare event, others are particularly susceptible and suffer repeated, often frequent, attacks.

For mild attacks there are a range of effective over-the-counter products which can help relieve symptoms. As with all ailments, however, it is important to know when to recommend an OTC product

and when to refer to the doctor.

Causes

With an inflammation, the main cause is invariably infection and cystitis is no exception. About half of all cases are due to bacteria.

These bacteria usually live in and around the anal opening. In women the openings to the anus, vagina and urinary tract are all quite close together (see diagram opposite) and the urethra, the passage that connects the bladder to the outside world, is relatively short. This means that any bacteria can easily get into the bladder whereas in men the journey is less direct!

Sexual intercourse, inserting tampons, wiping the bottom from back to front after going to the toilet, and even wearing tight trousers can all aid the

movement of bacteria towards the bladder. And once inside, they find just the right environment to multiply.

For the anatomical reasons just mentioned, cystitis is rare in men but there is an exception. Elderly men with enlarged prostate glands have difficulty emptying their bladders completely which makes it easier for bacteria to remain inside the body.

Non-bacterial infections may also give rise to cystitis-like symptoms, noticeably the fungus which causes thrush. The organisms which cause sexually transmitted diseases, such as herpes or trichomonas, are also possible culprits.

Other causes include allergies, particularly to toiletries such as vaginal deodorants, bath preparations and perfumed soaps.

"Honeymoon cystitis" is the name given to the symptoms which some women experience after sexual intercourse. It is thought that damage or bruising to the vagina and urethra may be the cause.

Pregnancy may make women more susceptible to cystitis as may anxiety or depression. Others are just unfortunate to have particularly sensitive bladders.

Symptoms

The first symptoms of cystitis are usually a stabbing or pricking sensation around the entrance to the urethra. Other women may mention a general feeling of discomfort.

As the condition progresses, this commonly develops into a burning or stinging sensation in the urethra when passing urine. The woman may feel she needs to go to the toilet more often than usual and although she may feel "bursting to go" there may be hardly any urine there to pass.

Sometimes the urine may be cloudy or dark in colour, have an unpleasant smell or even show traces of blood (haematuria).

Other symptoms may include a raised temperature, vaginal discharge, and pain in the lower back.

Treatment

There are a number of treatment options for cystitis and these may depend on the

severity of the symptoms, how long the attack has lasted and whether it is a frequent problem for that particular individual.

There are OTC remedies which help relieve symptoms but these should only be recommended for women with mild symptoms, of a short duration, who have no complicating factors.

Patients who fall into the categories listed in table 1 should be referred to their doctor.

Table 1. Groups of patients with cystitis who should be referred to their doctor

- Men or children
- Women in whom symptoms have continued for longer than two days despite self-treatment, or who suffer repeated attacks
- Symptoms accompanied by fever and vomiting or unusual vaginal discharge
- Blood in the urine
- Pregnant women
- Recurrent symptoms with an increased thirst, weight loss and symptoms of thrush — a possible indication of diabetes
- Anyone who thinks their symptoms may be due to sexually transmitted disease
- Anyone who has already tried an OTC product without relief

The majority of the OTC products contain either sodium or potassium salts, often convenient variations on the old faithful remedy potassium citrate mixture.

The presence of bacteria in the bladder and urine lowers the pH making it more acid than normal. This acidity is thought to be the cause of the discomfort and burning felt when passing urine. It is also known that some bacteria thrive better in acid conditions.

Potassium and sodium salts raise the pH of the urine and neutralise the acid. This helps to relieve the symptoms and make the urine a less attractive place for bacteria to grow.

Table 2 shows some of the OTC products commonly available for cystitis. Whether presented as a liquid, sachets or effervescent tablets, all are designed to be taken with plenty of water. The dose needs to be

taken three times a day for at least two days for the urine to be neutralised.

Because these products contain potassium or sodium salts they should not be taken with certain other medication. Always ask if the patient is receiving treatment for other conditions and if in doubt consult the pharmacist.

Potassium preparations should not be taken by patients on potassium-sparing diuretics, aldosterone antagonists or ACE inhibitors because of the risk of hyperkalaemia — high levels of potassium.

Sodium containing products should not be given to people suffering from high blood pressure, those with heart problems or pregnant women.

Potassium citrate mixture may often be combined with hyoscyamus tincture. This is thought to act on the muscle of the bladder and help reduce the urgent need to pass urine. Hyoscyamus is contra-indicated in people with glaucoma.

Nitrofurantoin and hexamine are sometimes used to treat urinary tract infections. Both will only work effectively in an acid pH, so products which neutralise the acid should be avoided in patients receiving these drugs.

Other steps

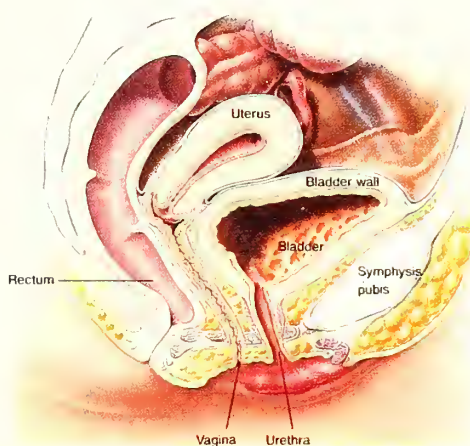
In addition to using one of the available OTC products, the following steps will help make the attack more bearable.

- Drink plenty of water. Start with a pint and follow with at least another half a pint every 20 minutes or so. Although this will increase the need to go to the toilet, which may be uncomfortable at first, it is important to keep emptying the bladder, flushing out the bacteria.

Table 2. Some of the over-the-counter products available to help relieve the symptoms of cystitis

NAME	FORM	INGREDIENTS
CYMALON (Sterling Health)	Granules	Six sachets each containing 4g sodium citrate
CYSTEMME (Abbott)	Granules	Six sachets each containing 4g sodium citrate
CYSTOLEVE (Cupal)	Powder	Six sachets each containing 4g sodium citrate
CYSTOPURIN (Fisons)	Granules	Six sachets each containing 3g potassium citrate
EFFERCITRATE (Typharm)	Effervescent tablets	12 tablets each containing 1.14g citric acid and 1.39g potassium bicarbonate
POTASSIUM CITRATE MIXTURE BP	Liquid	Mixture containing 1.5g potassium citrate per 5ml
URISAL (Sterling Research)	Granules	Nine sachets each containing sodium citrate 4.4g

Anatomy-female



Courtesy of British Association of Contraception Care and Kabi Pharmacia

Plain water is best but squash, milk, weak tea or any other bland liquid will do instead.

- Analgesics. A mild painkiller such as aspirin or paracetamol may be used if the cystitis is accompanied by back pain.
- Make yourself comfortable. Relax in bed or with your feet up. A hot water bottle will help relieve back ache and cramps.

The next time?

There doesn't necessarily have to be a next time for cystitis.

Although there are no guarantees that it can be avoided, the risks of another attack can be reduced by following a few simple steps.

- Drink at least three or four pints of liquid a day. This will help flush out any bacteria before they have a chance to multiply and inflame the bladder and urethra.
- If the cystitis is linked to sexual intercourse, both the woman and her partner should be advised to wash before and after making love, it may also help to go to the toilet before and after intercourse.
- Always wipe the bottom from front to back after going to the toilet. This will help prevent bacteria spreading from the anal area. Wash regularly.
- Shower rather than take baths and avoid antiseptics, talcs, perfumed soaps or bath products if these irritate. Choose unperfumed preparations instead.
- Go to the toilet whenever it is necessary, ensuring the bladder is emptied regularly.
- Count to 20 after passing urine and then strain to squeeze out the last few drops.
- Avoid wearing tight trousers and choose cotton underwear in preference to man-made fibres which don't allow your skin to breathe so easily.

ADVERTISEMENT

WHAT TO DO ABOUT CYSTITIS THE STORY SO FAR

CYSTITIS IS AN INFLAMMATION OF THE LINING OF THE BLADDER AND URETHRA (URETHRITIS), THE PATIENT EXPERIENCING AN URGENT BURNING PAIN WHEN URINE IS PASSED. ABOUT 50% OF CASES ARE NOW THOUGHT NOT TO BE DUE TO AN INFECTION BUT DUE TO IRRITANTS SUCH AS BATH ADDITIVES, SOAPS, SPICY FOODS, ACTIVE SEX CAUSING BRUISING, AND EVEN RED WINE. DRINKING WATER HELPS TO DILUTE THIS ACID URINE, BUT EVEN BETTER IS TO NEUTRALIZE THE ACID URINE WHICH IS PASSING OVER THE SENSITIVE LININGS OF THE URETHRA AND BLADDER.

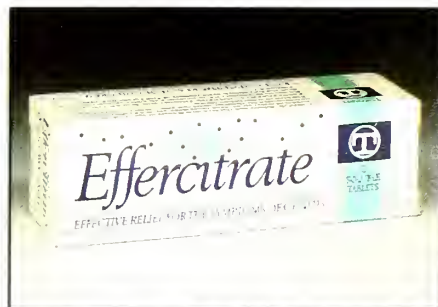
TRADITIONALLY THIS WAS ACHIEVED BY TAKING A MIXTURE OF POTASSIUM CITRATE, WELL DILUTED WITH WATER, BUT WHILST THIS MIXTURE WAS PARTICULARLY EFFECTIVE, IT WAS VERY UNPLEASANT TASTING. HOWEVER, **EFFERCITRATE TABLETS**, WHEN DISSOLVED IN WATER RESULTED IN THE EQUIVALENT OF POTASSIUM CITRATE MIXTURE BUT IN A FIZZY DRINK FRESHLY PREPARED AND NOW PLEASANT TASTING.

A TUBE OF THE TABLETS IS SUFFICIENT FOR 2 DAYS TREATMENT, AFTER WHICH IF THE SYMPTOMS PERSIST, THE PATIENT SHOULD SEEK A DOCTOR'S ADVICE.

EFFERCITRATE TABLETS ARE IN A HANDY TUBE AND RETAIL AT £2.99

FURTHER PRODUCT INFORMATION FROM:

TYPHARM LIMITED, 14 PARKSTONE ROAD, POOLE, DORSET BH15 2PG
TELEPHONE: 0202 666626 FAX: 666309



This was written
with a competitor's
indigestion tablet.



Hard to swallow
isn't it?

Remegel is different, it's chewy not chalky. This explains why it went down so well in the Tyne Tees Test Market. The public seem to prefer a brand that doesn't leave an unpleasant gritty aftertaste.

That's why Remegel gained an 18% annual market share while at the same time expanding the market as a whole. What's more, with our forthcoming £2.5 million advertising spend we're confident you'll taste success.



It's chewy, not chalky.

Have you got anything for indigestion?



It's Sunday morning rota duty and Michael Maladie rushes in just before closing time, looking rather rough. He asks for something for indigestion...

upwards."
"Anything else?"
"Well, you've heard the saying 'Prevention is better than cure'?"

"Yes, but you're not going to tell me to stay in and become teetotal are you?"

"No, not quite that bad, but there are a few things you can do to help. Take it easy on the alcohol for starters, especially spirits, and stop smoking. Cutting down on the alcohol should also mean you need to take fewer aspirin the morning after. Try paracetamol if you need an analgesic.

"Avoiding a heavy meal just before going to bed will help too and try giving fatty or spicy foods a miss. Small regular meals are better than occasional large ones. And watch your weight.

"You could also try raising the head of your bed slightly, about 15cms or so, and if you're bending make sure you do so from the knees and not from the waist.

"But if the problem persists you should go to the doctor and let him check you over."

Indigestion

Customers can be very vague when asking for indigestion remedies or something for an upset stomach. These can mean different things to different people and they might use terms like "bloating", "wind", "heartburn", "flatulence" or "colic".

Always remember the NPA's 2WHAM approach to questioning, making sure to ask who the medicine is for, what the symptoms are and how long the customer has had them. Careful questioning about the nature of symptoms, when they occur and what makes them worse is necessary to determine whether the complaint requires self-medication or referral.

Heartburn is perhaps the most common type of all food related indigestion. It is characterised by a burning

sensation in the chest area which sometimes seems to come up into the throat. Sufferers may also complain of a bitter fluid suddenly coming up into their mouths.

Heartburn is worse after food, at night, and when lifting or bending from the waist. It can be brought on by heavy meals, especially late at night, and can be aggravated by spicy or fatty food, alcohol, coffee, chocolate or smoking.

Heartburn is caused by a condition called gastro-oesophageal reflux, which is when the stomach's contents move up into the oesophagus — the tube connecting the mouth to the stomach. Excessive pressure on the stomach, common after a heavy meal or in people who are overweight or pregnant, is a major cause. However, elderly people may also suffer from heartburn, because the sphincter (found where the oesophagus enters the stomach) becomes slack and loose.

Treatment of heartburn is usually either with an antacid, which neutralises the acid pushed up into the oesophagus, or by products containing alginates which form a raft on the stomach contents and so protect the oesophagus from the acid.

One important condition to consider is hiatus hernia. Normally the oesophagus enters the stomach at the same level at the diaphragm — the large sheet of muscle which helps us breathe and which marks the end of the chest and the beginning of the abdomen. In a hiatus hernia part of the stomach itself is pushed up through the diaphragm and this means the sphincter is unable to close properly and the stomach contents escape.

Anyone who complains of the symptoms of heartburn and who, despite making all the necessary lifestyle adjustments still suffers, should be referred to their doctor.

Flatulence or belching can be an embarrassing problem and is caused by the build up of trapped gas in the stomach. This gas may be swallowed while eating or while drinking fizzy drinks. People prone to this condition soon recognise which food or drinks make the problem

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Michael: "Thank goodness I caught you. Can you recommend something for indigestion?"

Assistant: "When you say indigestion, what are the symptoms?"

"Well, I've had a really bad night with this sort of burning pain in my chest that sometimes seems to be in my throat as well."

"Have you had this type of pain before?"

"Occasionally after a night out and sometimes I notice it a little at work in the afternoons."

"Do you notice it when you're hungry or when you've just eaten?"

"A couple of hours after eating I sometimes feel a bit bloated and occasionally it feels like something bitter is coming up my throat into the back of my mouth."

"You said you've had it after a night out. What does that mean?"

"Well, you know, I go out with the lads for a few beers and a bit of a laugh."

"Any food late at night?"

"Yeah, last night we did have a curry when the pub closed. Sometimes we stop for fish and chips on the way home."

"And is the pain worse after that?"

"I can't really remember but I know it was bad last night. I also notice it at times at work when I'm lifting boxes in the store room, particularly if I've had a heavy lunch."

"Have you tried any remedies for it?"

"I did take a couple of my Dad's indigestion tablets, those minty ones. They seemed to help but only for a while, the pain came back when I went to bed."

"Do you smoke?"

"Well, only a couple."

"And what about taking any other medicines?"

"Just the odd aspirin or two for a bad head."

"It sounds like you're suffering from heart burn. That's when the stomach's acid contents are pushed upwards towards the mouth causing that burning pain you mentioned."

"Can I take anything for it?"

"Yes, there are a number of preparations available. Some, like the tablets you've mentioned, neutralise the acids while others give a sort of coating on top of the stomach's contents and protect your throat when the acid is pushed

CHOLESTEROL

How daily garlic may help you keep it normal.

Heart maintenance

Enjoying a long and active life depends on keeping the heart and circulation healthy.

Happily, research is now showing us a number of ways in which we could really help ourselves:

1. Eat less fat - more fibre
2. Take more exercise
3. Stop smoking and...
4. Start taking garlic

Why garlic?

We now know that it is important for the health of the heart that we maintain our blood fats and cholesterol at the correct levels.

Recent scientific studies suggest that taking garlic regularly could help us keep these levels normal.

Nature's little joke

The best garlic for you (but not for your breath) is raw garlic. It provides a substance called allicin which has important benefits but is also very smelly. You can't have one without the other.

Unfortunately garlic oil products use boiled garlic and contain little or no allicin. So what can you do?

KWAI Garlic

Kwai guarantees a high amount of natural allicin producing substances in every little easily swallowed tablet of concentrated garlic.

The richest source of allicin is organically grown Chinese garlic. Kwai always selects the highest grade, whole Chinese garlic cloves from the same fertile province. Then they are carefully dried in a special process which just takes out water and nothing else. So Kwai is the nearest thing to raw, fresh garlic; in a convenient tablet form. Unlike garlic oil capsules, Kwai contains no gelatine and no vegetable oil.

£6 million heart research

Like you, Kwai cares about your health and has so far invested over £6 million in research studies to confirm what has been suspected for centuries - that garlic could help keep the heart healthy. No other company has. Kwai is unique.

Three times a day

Research has shown that it's best to spread your intake of garlic across the day. Taking it once a day, even a large amount, seems in some important ways to lose its effectiveness after a short time. And not taking Kwai's concentrated garlic all at once, helps to make sure it doesn't make you smell.

So just take two tablets with each meal and stay fragrant.



Try the Kwai kiss test.

Odour controlled

If Kwai is so potent, why can't you smell it or taste it? (25% of current users were recommended Kwai by their friends!)

This is because Kwai doesn't produce its allicin until the special coating dissolves in your digestive system.

No.1 in Europe

Kwai is now Europe's No.1 non-prescription health brand and over 1 million people use it every day. Kwai is the ideal way to take garlic which could help maintain a healthy heart and circulation. That's why nine out of ten people who try Kwai, stay with Kwai.



Kwai®

Highly Concentrated Garlic Tablets.
The Spice of Life!

continued from p27

worse and so avoid them. Treatment is usually with a product containing dimethicone which disperses the trapped gas.

Gastritis is inflammation of the stomach and will usually occur within an hour of eating something that irritates that particular person. Alcohol, pickles and spices, together with medicines such as aspirin or some non-steroidal anti-inflammatories prescribed for arthritis, can cause this problem.

Chronic gastritis is a more persistent irritation of the stomach's lining. It may be as simple as the repeated use of an irritant such as spirits or an unsuitable diet. A simple antacid together with appropriate counselling is required.

More serious

Although there are some mild, self-limiting conditions which may present as indigestion, it is important to be aware of others which are more serious.

Ulcers. There are generally two types of ulcers - gastric ulcers in the stomach and the more common duodenal ulcers in the duodenum.

An ulcer is a wound in the wall of the stomach or intestine which, if not treated, can become very painful and even perforate. They are caused by a number of factors, not all of them understood, but poor diet, stress, smoking, and a family history of ulcers are all implicated.

The pain of ulcers is usually a severe, burning pain, localised in one area and vomiting, sometimes with visible blood, may occur. The pain usually occurs before meals and may be relieved by food. In gastric ulcers however pain after food is more common.

Treatment of ulcers is usually with a prescription drug which reduces the amount of acid the stomach produces. An antacid and the removal of aggravating factors may also be recommended.

Heart conditions. Although this may seem out of place in an article about indigestion, there have been cases of pain due to angina being mistaken for indigestion and vice versa.

In general, however, the pain of angina is described as a dull, crushing sensation. It will not necessarily be related to food but is commonly brought on by exercise or exertion and will improve with rest. Taking an antacid preparation will not help the pain of angina.

Anyone who complains of any of the following symptoms should be referred to their doctor:

- Any symptoms not food

related

- Symptoms occurring after exercise
- Breathlessness
- Pain outside the abdomen
- Any pain not responding to OTC products
- Weight loss
- Loss of appetite
- Vomiting, particularly with blood.

OTC products

The array of products available for indigestion may seem confusing, but in general they fall into one of the following categories.

Patients differ widely in what they find works best for them so it's always worth asking if they've tried anything already. They won't have much confidence if you recommend a product they have already tried without success.

● **Antacids.** As their name suggests, these products work against acid, neutralising it. They can be either simple antacids with one active ingredient like sodium bicarbonate or can be a mixture of different active ingredients.

Common antacids are either magnesium salts, aluminium salts, sodium bicarbonate or calcium carbonate. Products with sodium should be avoided in patients with high blood pressure, including pregnant women, or in people with heart conditions.

Aluminium and magnesium salts are often found together for a reason - aluminium salts tend to be constipating while magnesium salts have a laxative effect. Together, the two balance each other out.

Antacids are available in both liquid and tablet forms. Liquids act quicker but tablets, which some say have a longer lasting effect, are more convenient to carry around. Any customer who seems to buy an antacid regularly should be questioned about the problem and referred to the doctor if necessary.

● **Alginates** are useful when the pain or discomfort is due to irritation of the oesophagus as in the case of reflux or heartburn.

These products form a protective raft which floats on the top of the stomach's contents. If reflux occurs, the raft is pushed up into the oesophagus first, coating it and reducing irritation.

● **Bismuth compounds** are thought to coat the damaged area of the stomach, protecting it while it heals.

● **De-flatulents** such as dimethicone are sometimes added to products to help with flatulence. These products have an anti-foaming property which helps release trapped gas and relieve discomfort.

Peppermint oil may also help.

Contraception update

What to do about missed contraceptive pills, the launch of the female condom and news of an unusual service in Spain. Over-the-Counter investigates...



Courtesy of Wyeth

'I've forgotten my Pill'

Did you know that every month one in four women who take the contraceptive Pill forget to take one? And nearly one in ten actually forget to take a Pill every week!

A survey carried out by Schering Health Care, found that only a third of women never forget to take their Pill.

Although these statistics are fairly worrying, it's worse when you consider that most of the women who do forget, don't know what to do about it. Because of this, at least 75 per cent risk pregnancy when they forget a Pill.

Many women are also unaware of the fact that the action of the Pill can be affected by stomach upsets and other medicines such as antibiotics.

Just under a half thought that vomiting and diarrhoea made the Pill less effective while a third thought of antibiotics. However only a quarter of women in the 16-19 age group knew about these risks.

The following is the latest advice from the Family Planning Association on what to do if a Pill is missed:

- The first thing to ask is how late is the Pill. If less than 12 hours have passed since it should have been taken, the missed Pill should be taken immediately and all further Pills in the pack taken as normal.
- If more than 12 hours have passed, then the missed Pill should be taken immediately followed by the remaining Pills as usual. However, an extra method of contraception must be used for the next seven days.
- If more than one Pill in a row has been forgotten, the last of these should be taken but not the first ones missed. Continue to take future Pills as normal and

use extra contraception for the next seven days.

- However, if less than seven Pills remain in the pack after taking the missed Pill, the pack should be finished and a new pack started straight away without having a tablet-free break.

- If more than seven Pills remain in the pack after taking the missed Pill, the pack should be finished as normal and the usual seven day tablet-free break should be left.

More users

Despite the occasional scare linking it to cancer, use of the Pill has increased from 25 per cent in 1987 to 32 per cent today.

The Pill is the most popular method of contraception in the 16-19 and 20-24 age groups. This compares to the condom which is most popular with women in the 30-34 age group.

The following facts come from a survey into women's attitudes to sexuality, carried out by Schering Health Care.

- 85 per cent enjoy a good sex life
- 77 per cent think only a condom protects against AIDS
- 65 per cent wouldn't trust a man on the male Pill
- 31 per cent think abortion is alright if contraception fails
- 29 per cent say that contraception is basically a woman's responsibility
- 22 per cent of 16-19 year olds are worried about catching AIDS
- 13 per cent think girls who carry condoms are likely to be promiscuous
- 12 per cent believe that AIDS is just a punishment for promiscuity
- 6 per cent believe that withdrawal is a reliable method of contraception!

His and hers condoms

For many years scientists have been working to produce a contraceptive pill for men but with little success. It seems that the temporary suspension of the male reproductive system is not an easy achievement.

In the meantime, however, a group of lateral thinkers have

quickly and easily as a tampon, say the manufacturers. Because it is not dependent on a male erection, the condom can be inserted before making love and removed afterwards at a time convenient to both partners.

The polyurethane material of Femidom is said to warm quickly to body temperature, is comfortable to use, and does not greatly affect sensitivity.

Research has shown that the condom is an effective barrier to both sperm and to the bacteria and viruses which can cause infections and sexually transmitted diseases.

So far the product has been tried by 1,700 couples in 15 countries, between them they made love over 30,000 times. Two thirds of the women and their partners thought that the product was acceptable.

Another version of the female condom is the Bikini condom which is worn like a G-string or bikini briefs. When marketed it will come in a choice of colours and even lacy patterns.

The product is made from the same latex as most condoms but is 50 per cent thicker. A rolled up pouch, lubricated on both sides, is located in the crotch area and is pushed up into the vagina during sex.



come up with a different approach to contraception — the female condom.

Until now, the condom has been a totally male device. However, many women prefer to take responsibility for contraception, recognising that it is their bodies that carry the children if they don't.

Condoms have come into their own since the discovery of the HIV virus and AIDS, as the only barrier method of contraception to offer some protection.

While some companies have tried to make male condoms more appealing to women, and less embarrassing to buy, soon women in the UK will have another choice — buying condoms for themselves.

Femidom

Femidom, a female condom, was launched in Switzerland in February and its manufacturers — Chartex International — are promising it will be available in the UK towards the end of the Summer.

It is a soft, pliable polyurethane sheath which fits inside the body, lining the vagina. Two rings, one at each end, keep it in place (see diagram).

The condom is lubricated, odourless and is inserted as

Dial-a-condom!

We are probably all familiar with services like Dial-a-pizza which cater for those inconvenient times when hunger strikes but the fridge is bare. However, in Spain they have gone a step further and introduced Dial-a-condom.

An unexpected bout of passion, when you have forgotten to buy some condoms at the pharmacy, is no longer an excuse for unprotected sex.

The service also avoids the embarrassment of roaming the streets for a late night chemist or battling with the vending machine at your local pub.

Instead, all you have to do is pick up the phone and Dial-a-condom undertakes that someone will deliver a three-pack to your door within 10 minutes!

SHOW CASE



Right Guard — male variant and new look

The Right Guard range has been relaunched with new packaging and formulations and an additional variant called Drive, aimed at men. Drive is available as an aerosol, roll-on and stick deodorant and is said to have a fresh, masculine fragrance inspired by Drakkar Noir and Cool Water. A "New for men" flash will appear on-pack.

The whole Right Guard range has been repackaged with bolder graphics and colour coding to differentiate between the variants. The aerosols have an improved formulation said to be quicker drying with a reduced risk of staining clothes. The solid stick now has a smoother formula which is less crumbly. A roll-on format of Right Guard Original has also been introduced.

Gillette UK Ltd. Tel: 081-560 1234.



Gold Spot update

The Gold Spot range of breath fresheners have been revitalised with new packaging, improved formulations and a new flavour, Tropical Mint. This has been introduced after the company's research showed that consumers want new, fresh-tasting flavours.

Tropical Mint Gold Spot will complement the existing flavours — Mint Cool, Ice Fresh and Original — and is expected to appeal to younger women.

New packaging across the range includes fresh graphics and a new logo.

Sara Lee Household and Personal Care. Tel: 0753 523971.



Olvarit range extends

The Olvarit range of baby meals from Cow & Gate has been extended, taking the number of varieties from 28 to 38. Seven new desserts and three main meals have been added.

Because of the increased size of the range, Cow & Gate have divided their desserts into two groups — the fruit products and dairy desserts. The former will include the new products harvest fruit, Summer fruit salad, Hawaiian fruit cocktail and Caribbean fruit carnival, while the latter will include orange, grape and banana delight and exotic fruit surprise. The new main courses are west country casserole, country vegetable and egg savoury, and pasta italianae.

To simplify choice on shelf, Cow & Gate have introduced additional colour coding on packs — fruit desserts will be coded orange and dairy desserts, blue. Breakfasts remain coded yellow and main courses, green.

Cow & Gate Ltd. Tel: 0225 768381.



Amplex aerosol

Amplex anti-perspirant deodorant is now available in an aerosol, £1.75, complementing the existing roll-ons. It is available in three variants — Mist for women, Blue Ice for men and Aqua for the family.

The non-powdery aerosol is said to give long-lasting freshness without stinging, and has been formulated to help prevent staining.

The product will be advertised on television and in the Press during the Summer. Sara Lee Household & Personal Care. Tel: 0753 523971.



Cream Silk 2 in 1

The two-in-one products in the Cream Silk range have been extended with the introduction of an Extra Body variant for frequently washed hair.

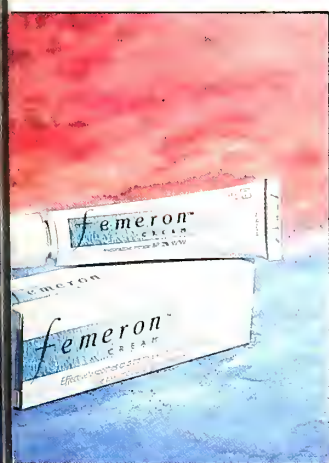
The product is a lighter version of Cream Silk two-in-one and is aimed at women who need to wash their hair often, but who only need light conditioning. It is available in two sizes — 200ml, £1.79, and 300ml £2.59. Elida Gibbs. Tel: 071-486 1200.

Medela from Mam

Medela Mini-electric breast pump is a Swiss product being distributed in this country by Mam (UK) Ltd. The pump is said to mimic a baby's sucking action, so stimulating milk production and allowing the milk to be expressed gently and effectively.

The pump, **£39.95**, can be operated by batteries or via the mains and nursing mothers can adjust the vacuum for extra comfort.

Most brands of feeding bottles will fit the pump, all parts of which, with the exception of the motor unit and filter, can be sterilised. Mam (UK) Ltd. Tel: 021-459 4304.



Femeron is OTC treatment for thrush

Femeron has been launched by Janssen for topical use to relieve the external symptoms of vaginal thrush. It contains the anti-fungal miconazole and is said to be colourless, odourless and non-staining.

The cream should be applied twice daily, morning and night, to the external vagina area after washing with warm water and drying gently. If symptoms have not cleared in seven days then the patient should go to the doctor. The 15g tube retails at **£3.20**, below the prescription charge.

Janssen have produced a guide for pharmacy assistants, which also includes a competition, and a leaflet for consumers. The product will be advertised from May. Janssen Pharmaceutical Ltd. Tel: 0235 772966.



Remegel is new for indigestion

Remegel, the latest product from Warner-Lambert, is a soft, chewy, mint-flavoured tablet for the relief of acid indigestion, heartburn and upset stomachs. It is aimed at those customers who dislike existing remedies because they are "chalky" or "gritty".

Each Remegel tablet contains 800mg of calcium carbonate and the dose is one or two tablets, repeated hourly if necessary, up to a maximum of 12 in 24 hours. It is not recommended for children or for patients taking antibiotics. The product is a GSL medicine, and comes in a pack of 24, **£1.59**, or a stick of eight tablets, **£0.59**. A trial size of five tablets, **£0.20**, will also be available. Warner-Lambert Health Care. Tel: 0703 620500.

New look Zubes

Zubes medicated lozenges have been given a major facelift by new owners Ernest Jackson. The product is now available in eye catching cartons and handy sized tubes.

Zubes is being advertised in national magazines and for the trade, the company have produced special display units and point-of-sale material. Ernest Jackson & Co Ltd. Tel: 0363 772251.



Acting on Impulse

Free Spirit is the latest addition to the Impulse body spray range, replacing Destiny.

Free Spirit is described as a fruity floral, echoing current fragrance trends. It will retail at between **£1.79** and **£1.89**. A trial size, **£0.59**, is available and a cross promotion offering 40p off Impulse shower gel is also planned. Elida Gibbs. Tel: 071-486 1200.

Kylie for children

A range of Kylie pants has been launched for children from two to 11 years of age as a night time aid for toilet training or for those children suffering light enuresis problems.

The pants have a hide-away absorbent strip and are designed to prevent wetness seeping back out. They are available in four sizes all priced at **£6.61**.

Kylie-Kanga Division, Roche Products Ltd. Tel: 0707 328128.



A new look for Durex

The Durex condom range from LRC Products has been relaunched, with a new modern image. Packs of the different variants — Safe Play (ribbed and plain) Assure, Arouser, Gold, Extra Strong, Extra Safe, Gossamer, Elite, Allergy and Fetherlite — have been redesigned to give a stronger on-shelf impact and all contain an information leaflet.

Most of the Durex variants are now lubricated with ASL — advanced spermicidal lubricant — which contains the spermicide nonoxynol-9, totally dissolved in the lubricant. This gives an odourless product with improved lubricity, says the company. As an alternative, Allergy, Extra Strong and Gossamer contain the non-spermicidal lubricant Sensitol.

Fetherlite is now the thinnest BSI Kitemarked condom available, say LRC. Sales of condoms have increased from 112 million in 1986 to around 148 million last year. LRC Products Ltd. Tel: 081-527 2377.

Glints relaunch

Glints, the shampoo-in conditioning hair colourant range from Clairol, has been totally repackaged and repositioned, ready for its relaunch at the end of March. The packs have been updated and feature new model head-shots on the front. They have been designed to appeal to women in the target age group of 20-30 years.

The new Glints will retail at **£1.99** and are designed for impulse purchases and to attract new users to the hair colourant market. The range has been extended to 12 colours offering a wide choice from natural through to dramatic. Bristol-Myers Haircare and Toiletries Division. Tel: 0895 639911.

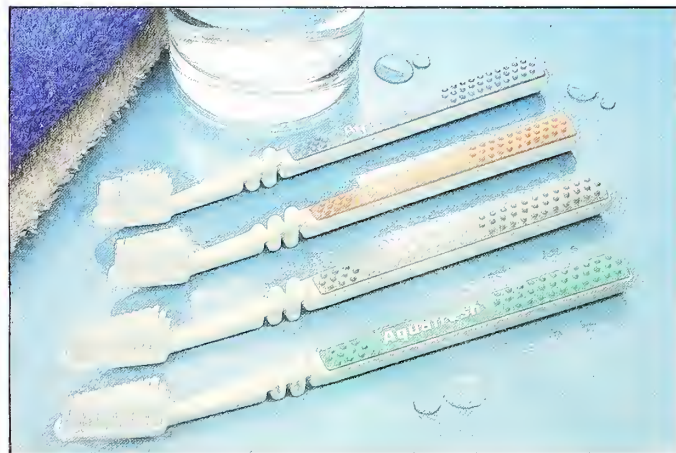


New from Lucozade

Smithkline Beecham, the manufacturers of Lucozade, have announced a number of changes to the range. They are launching a new-look 250ml Lucozade bottle, a low calorie Lucozade Sport, and a lemon and lime still Sportpack.

Lucozade 250ml bottles have a streamlined look and the word "energy" on the neck. They also have a tamper-evident cap. Orange-flavoured, low calorie Lucozade Sport contains less than ten calories a can. It is hypotonic and is targeted particularly at young women.

The launch of the lemon and lime still Sportpack is a "logical step forward" for the brand, says the company. Smithkline Beecham Consumer Brands. Tel: 081-560 5151.



Flexible Aquafresh!

Aquafresh Flex is a distinctly different-looking toothbrush from Smithkline Beecham. It has three unique features. Firstly, a flexible, triple bend neck has been designed by dental specialists to absorb excessive pressure caused by over-aggressive brushing. It also allows effective cleaning of the margin between the teeth and gums.

The brush head has contoured filaments with rounded ends and is angled and tapered to allow easy access to hard-to-reach areas. A non-slip, rubber handle offers better control during use and so helps prevent damage caused by the brush slipping. It also means the brush is more likely to be held at the correct angle, says the company.

Aquafresh Flex, £1.49, is available in compact or standard head sizes, in a choice of soft or medium bristle. Customers can choose from blue, green, grey or pink. Smithkline Beecham Health & Personal Care. Tel: 081-560 5151.

New OTC product for stomach cramps

Buscopan, previously a prescription only medicine, is now available over the counter to treat stomach cramps. This is possible because the Government has decided that up to 24 tablets of hyoscine-n-butyl-bromide (the active ingredient) may be purchased in pharmacies.

The OTC packs of Buscopan are marked "for effective relief from stomach cramps and period pains". The product's anti-cholinergic action alleviates the colicky pain of smooth muscle spasm and is said to work within 15 to 20 minutes. Buscopan is suitable for adults and children over six. The adult dose is two tablets four times a day, preferably on an empty stomach. For period pain cramps the tablets should be taken two days before the period is expected. For children aged 6-12 years, the dose is one tablet three times a day.

Buscopan does not cause drowsiness, say Windsor. It is not recommended during the first three months of pregnancy or for patients with glaucoma. Side effects may include dry mouth, blurred vision or palpitations. If these occur the tablets should be stopped. Buscopan OTC packs, £2.99, are a consumer-friendly version of the POM packs, with the same yellow, green and white colours. An "In-pharmacy guide to Buscopan and its therapeutic window" is also available.

Windsor Healthcare Ltd. Tel: 0344 484448.



Elancyl update

Pierre Fabre's Elancyl massage system has been relaunched in a new shape. Designed for use in the bath or shower, the new glove has a perforated rubber surface with flexible rounded points to provide kneading and suction massage to areas prone to cellulite. It comes with a compact mousse soap which fits inside the glove and lathers during massage.

A new addition is compact cream-gel which is used after the massage. It contains vitamin E, ivy extract, butcher's broom and mateine to help counteract the effects of cellulite. The new Elancyl Compact Massage system comprising massage glove, soap and cream-gel retails at £20.95.

Pierre Fabre Ltd. Tel: 0865 742525.

Jolen add strips

A strip wax and a facial strip wax are the latest additions to the Jolen range. The pre-coated wax strips are said to have extra adhesive to cope with all hair types. They are available in two sizes — 16 strips, £2.25, and 36 strips, £3.95, with an instruction leaflet.

Brodie & Stone. Tel: 071-278 9597.

Setlers Tums now come in a mint assortment

Setlers Tums, the fruit-flavoured indigestion remedy, is now also available in a mint assortment.

Instead of just one mint flavour, the product offers a mixture of peppermint, spearmint and freshmint. It is available in a 75-tablet jar, £1.99, a 36-tablet three-roll pack, £1.17, and individual rolls, £0.39.

Mint is the flavour most commonly associated with indigestion remedies, accounting for over three quarters of all sales, says the company.

Smithkline Beecham Health and Personal Care. Tel: 081-560 5151.



New look Wisdom

Wisdom have relaunched their range of adult toothbrushes including the Wisdom Angled, Sensitive and Plaque Control brushes.

Packs now have colour coded product descriptions and a new logo while the brushes carry the brand and product name and head size. They come in five translucent colours.

The Wisdom Angled and Plaque Control come in small, medium and large head sizes with medium filaments. The Sensitive brush has a medium head and soft filaments. Addis Ltd. Tel: 0992 584221.



Liquid Imperial Leather

Cussons are launching Imperial Leather Creme Wash, a liquid soap with bathroom appeal.

Creme Wash, £1.39, is a blend of cleansers and moisturisers said to leave hands smooth and soft as well as clean. It comes in two fragrances — Original and the more feminine New Dawn, in non-drip dispensers. Cussons UK Ltd. Tel: 061-792 6111.



New look Coppertone

The sunscreen range Coppertone has been relaunched in bright, lively new packaging for the Summer. New additions to the range include Supershade factors 10 to 15, £5.99, Soothing Aftersun lotion, £5.49, and Sunless tanning lotion, £5.99, a self tanning product.

These additions mean that the Coppertone range now provides sunscreens from SPF 2 to 25, sensitive skin lotions, pre-tan accelerators, artificial tanning lotions and aftersun lotions. There is also a high-protection range enriched with vitamin E, especially for children. In short, Coppertone now has everything that customers could ask for, says the company.

Jean Sorrelle Ltd. Tel: 0733 281000.



Jordan go for Disney

The latest introduction to the children's character toothbrush market is a range of Disney products from Jordan. The range is available in two sizes — baby toothbrushes, £1.12, and junior V Tuft toothbrush, £1.25.

The baby toothbrush is recommended for infants from one to four years of age. It has extra soft, short tufts and a small brush head. The handle is extra long to give a steady grip for parents cleaning their infant's teeth. The junior version is suitable for children aged five to eight years. The brush head features the V Tuft design of bristles, designed to clean in between the teeth as well as the surfaces.

Each brush comes with a set of seven transfers of different Disney images which can be rubbed onto the brush handle as well as the toothbrush mug, satchel etc.

Distributors: Food Brokers. Tel: 0705 219900.

Almay in the sun

Almay have relaunched their suncare range to place greater emphasis on the brand's hypo-allergenic heritage and on consumer protection. The range now totals 11 different suncare preparations all in new blue and white packaging. In addition, the packs are now marked with the Boots UVA/UVB protection "four star" system.

There are three major new additions to the range — an SPF20 protection cream, £7.49, an SPF 30 total bloc, £7.79, and an SPF30 total bloc lip protector, £3.99.

Major improvements include an increase in UVA protection up to four times the previous protection factor; "water resistant" products upgraded to "waterproof" giving 80 minutes protection from 40 minutes; and milk and lotion sizes increased from 150ml to 200ml. Packs now feature full ingredient listings and are PABA free.

Sara Lee Household & Personal Care. Tel: 0753 523971.



Hermesetas goes for slimmed down range

The Hermesetas range has been streamlined into two different product ranges — one to appeal to older users and another to attract younger customers to the brand.

New Taste Hermesetas is aimed at the younger market. It is a blend of aspartame and acesulfame which gives a sweetener which tastes more like sugar, rather than saccharin. The range comes in tablets and granules and packs have a hummingbird logo and the slogan "No other sweetener tastes more like sugar".

Original Hermesetas will appeal to the established saccharin user. It is available as tablets, granules and liquid. The packs have been updated with a new logo.

Distributors: The Jenks Group. Tel: 0494 533456.

Is your boss a lovable Dr Jekyll or does he or she have a character more in keeping with the evil Mr Hyde? Try our fun quiz to find out how your pharmacist measures up

What do you think of your boss?

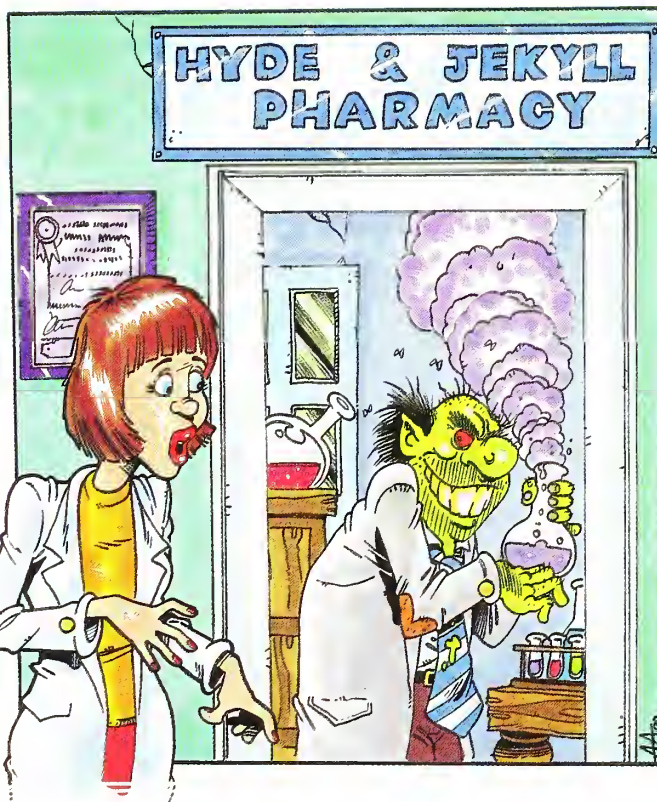
1. It's 11 o'clock and you've been rushed off your feet all morning. It's time for a cuppa. Does your pharmacist say:
A) Now the rush is over, I'll make us a drink. Tea or coffee?
B) It's time for a drink. Whose turn is it to make it?
C) Where's my coffee?

2. Bad luck. You're on your own on the medicines counter when the local "nutter" come in, burbling on about his many (imaginary) health problems. Does your boss:
A) Hide in the stockroom?
B) Recognise your problem immediately and come straight out to deal with him?
C) Suddenly find a load of owing scripts to dispense, but comes to your aid when you ask?

3. An old friend pops into the shop and says she's only passing through town, so is there any chance you could get the afternoon off for a gossip? Does your pharmacist say:
A) Pull the other one
B) You deserve it. You've been working very hard and we'll manage
C) Yes, if you want to swap your half day later on in the week, it's OK by me

4. You're unpacking a delivery and drop an outer of kaolin and morphine bottles, breaking several. Does your boss:
A) Say accidents happen and help you clear up the mess
B) Go mad, make you pay for the broken stock, then ring up the wholesaler and claim the bottles were broken on delivery
C) Get hot under the collar but laugh about it later

5. You wake up in the morning with a streaming cold, but decide to get in to work. Does your pharmacist:
A) Tell you to buy a cold remedy, and expect you to carry on without a moan
B) Keep you at work, but, recognising your frailty, helps you out as much as possible
C) Send you home to recover



6. You've been working hard all day, but it's nearly closing time and you're tidying up while waiting for the last few customers. Does your boss:

A) Stand over you to make sure you clean up properly, while doing the urgent job of making sure the product labels on the shelves face the same way
B) Get on with his or her paperwork
C) Get a broom out and help

7. Your boss gives you a job to do but doesn't explain properly what it entails. When you ask for a better explanation, does your boss:

A) Go over the job again, making sure you fully understand
B) Explain it again in simple terms in a tone of voice that makes you feel about three years old
C) Mumble under his/her breath, sigh a lot and then go over the task again so fast you still don't know what you are supposed to be doing

8. You and your fellow assistants decide to have a night on the town. Would you:

A) Keep it hush-hush because your boss would only insist on coming along and being the life and soul of the party, and that's the last thing you want
B) Invite your boss, knowing he or she will appreciate being asked but would not dream of spoiling the staff night out
C) Ask the boss to come too, since you know that outside the pharmacy, he or she is as much fun as the rest of the staff

9. You get held up in a traffic jam and arrive 30 minutes late at the start of the day. Does your boss:

A) Issue a final warning, saying any more lateness and you will be fired
B) Sympathise, and then blame the Government or local council for making the lives of ordinary people a misery
C) Suggest you might like to

start out a little earlier tomorrow if the road works look like being a long-term problem

10. A close relative of yours comes into the pharmacy and spends £50 on Christmas presents. Would your pharmacist:
A) Know who the customer is, and tell you to ring up the goods with staff discount
B) Make a point of having a chat with the relative, thanking them for their custom
C) Not know what staff discount was

Scoring

1. A10 B5 C0 2. A0 B10 C5
3. A0 B10 C5 4. A10 B0 C5
5. A0 B5 C10 6. A0 B5 C10
7. A10 B0 C0 8. A0 B10 C10
9. A0 B10 C5 10. A10 B5 C0

How does your boss rate?

0-20 Why aren't you looking for a new job? — your boss should be working as a prison warden down at Wormwood Scrubs instead of pretending to be a friendly community pharmacist. A real Mr Hyde who's lost the ability to change back to Dr Jekyll

25-50 With a little work you could make your boss see the error of his or her ways. You never know, there might be a real sweetie in there just waiting to break out.

55-75 A real Dr Jekyll who only occasionally, and with good reason, becomes Mr Hyde. You've got a fair boss who commands a good deal of respect, but who can always see your point of view.

80 and over Either you've been cheating, or you've answered a totally different set of questions. No pharmacist is this perfect, not even the editor of *Over the Counter*!

COUNTERVIEW

BY VERITY

Verity is a real-life pharmacy assistant working full-time in a pharmacy somewhere in the UK, writing about her job as she sees it.



Occasionally, if I'm lucky, I manage a sneaky peep at our pharmacist's copy of *Chemist & Druggist*. Not that he hides it but he often takes it home to read over the weekend. "More interesting than the Sunday supplements," he says.

Anyway, if he leaves it in the tearoom I always seize the opportunity of a look at the Counterpoints section because I like to keep up to date with what's new in the shop. There's nothing worse than admitting you've never heard of a product someone wants, especially when they saw it advertised on TV the night before.

One thing I have noticed recently is the availability of two new products which certainly add more clout to what we can recommend for certain ailments — Buscopan and Femeron.

I am familiar with Buscopan from helping out in the dispensary over the years. It is a tried and tested product and now the Government has decided that people should be allowed to buy it over the counter for stomach cramps and period pain.

Femeron, a new name to remember, contains the same anti-fungal as Daktarin, but has been specifically formulated and packaged for women with thrush. It is applied topically to relieve the external symptoms of this unpleasant condition.

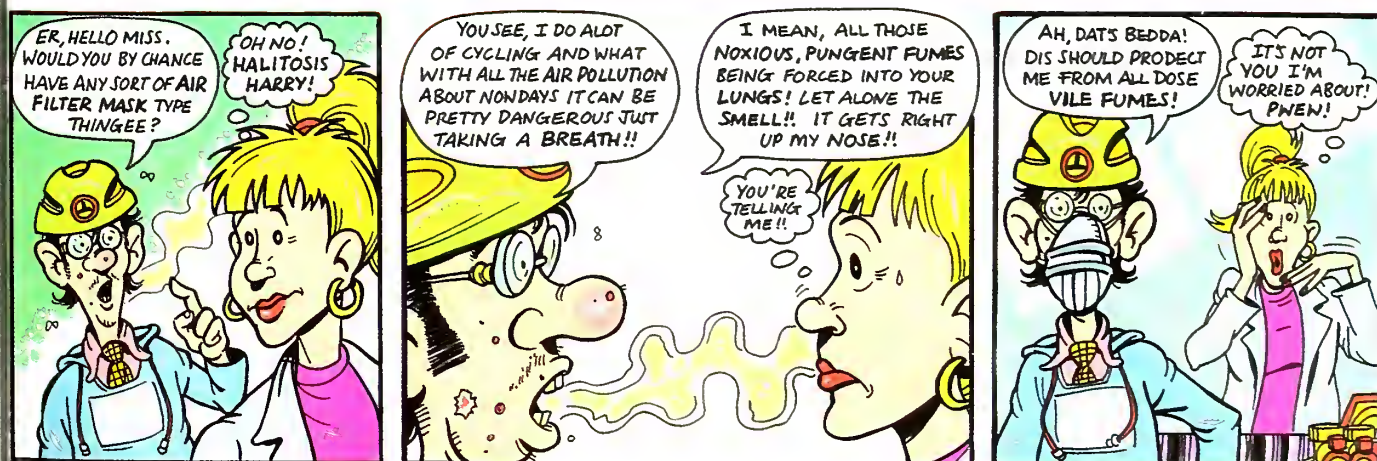
Hats off to the two companies involved — Windsor Healthcare and Janssen Pharmaceutical — for providing us with ethical products to help us help our customers.

As my pharmacist is fond of saying, only when pharmacies are able to sell effective medicines, backed up by appropriate advice and professional counselling, will customers and other health professionals have more respect for the service we provide.

Both Windsor and Janssen have produced educational material to ensure that pharmacy assistants are knowledgeable about the products and the conditions they are used for. I look forward to reading this information. Learning about any new product or condition is a bit of a challenge and one that is especially welcome when I know that our customers will benefit too.

MEANWHILE...

by Andy



It's not just the power of advertising that makes Syndol so successful.

It's the power of Syndol.

Advertising can get product trial, but only product performance can generate repeat purchase.

Which is what makes Syndol extraordinary. Experience shows that Syndol generates a high level of repeat purchase, and an extraordinary level of word of mouth recommendation. Why? Because it works.

Uniquely formulated to deal with Tension Headache (now thought to afflict 1 in 4 adults), Syndol works quickly and logically.

Two powerful ingredients, Paracetamol and Codeine treat the pain, and one, Doxylamine Succinate, eases the associated muscular tension.

The result is fast effective relief. (A clinical study shows that in 97% of headaches Syndol gave relief within half an hour).

Not surprisingly, Syndol is already Britain's fastest growing and third largest 'P' analgesic*. It is made by Merrell Medicines, a company dedicated to producing products with distinct medical advantages, to distributing those products only through pharmacies, and to giving you the support and professional back-up that you deserve.

Advertising is, of course, part of that back-up. At the end of March we are launching a heavyweight national campaign in women's magazines and colour supplements targeted specifically at reaching Tension Headache sufferers. Advertising will create the interest.

Customer satisfaction will produce repeat purchase. And Syndol will deliver the highest profit per pack of all its major competitors.

Syndol. Recommend it with confidence. After that it's on its own.

The powerful treatment for Tension Headache.

